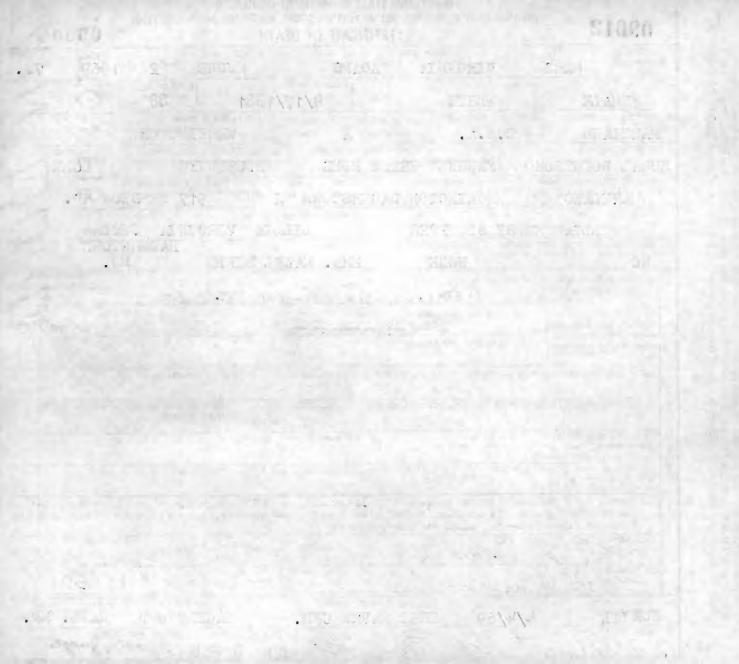
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Pa-	sign bur			IT CONDIT	IONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE O	RCONDITION GIV	EN IN PART 1(a)		
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	or or use of the		21a. ACCIDENT WAS UNDE		21b. TIME OF INJ	URY	21c. H	OW INJURY OCCURRED (En		ury in Port 1 or Port 2	. Item 18.)	
	spital spital striffice ad for af H	MEDICAL	OR CONTRIBUTING CAUSE ((If either, natify medical e	xaminer)	P.M.		19	·				
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerted a may be retained by the haspital at attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conditionary page 3 shauld be detached for use as the burial-transit permit. Then please remained be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any	2	21d. INJURY OCCURRED While Nat while at work		COM	CE BUILDING, EIC.		OCATION Street or R.F.D. N		y or Tawn	County	State
	ING by t fter be o		22a. I certify that (I saw the decease) (this l	nospital) attend	ed the decea	ed from I	une 3 , 19.	69, to_i	June 13, 1	9 6 9 , that	(I) (we) last
	ed ed he he he		saw the decease causes stated a	ed alive	on Just	e 13	19 <u>6</u> 9, an	d that in (my) (o ur) a	pinian death	accurred on the d	ate and hour	and from the
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	r death		KARL	LEON	BARR	JUNE Month 28 Do	
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	Y 45 / 1	ER.	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	(Enter nature of injury in Port 1 or Part 2,	Item 18)
	rsicians aspiral ar certificate hed for us of Heart	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Y	80f 19		
	PH his this efac Oep	WE		ACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	FACTORY.) 21f LOCATION Street of R	F.D. No. City or Town	County State
	ING by the ter deed tate		22a I certify that (I) (this	hospital) attended the dece	ased from Jan 31	, 19 35, to 2P, 19 ur) apinion death accurred on the de	4 , that (I) (we) last
			saw the deceased aliv	(l) (we) (did) (did nat) view t	19 <u>_6_9</u> , and that in (my) (at he bady after death.	ur) apinion death accurred on the d	ote and hour and from the
	OR ATTENI be retained DIRECTOR: A se 3 should ed with the		22b. SIGNATURE	Park 1	DEGREE PHYS	MED STAFF 22c.	DATE SIGNED
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	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	230	BURIAL CREMATION 23b DA	TE 23c. NAME REST	OF CEMETERY OR CREMATORY HAVEN CEM.	HAGERSTOWN 1	(County) (State)
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	VR A15 (4) - 45M - 1/69	6	U.J. Morne	nt Hager	sown Md DANG	IUL 7 1969 (Tolian	tes Judge



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S sign		PART 2. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT	11	CONDITION GIVEN IN PART 1(o)	1 W 1 ·
¥ the diagram	<u></u>	90. DATE OF OPERATION 196. CONDITION	FOR WHICH OPERATION WAS PERI	CRIMED 200. AUTORS ??	20b. IF YES, WERE FINDINGS O	ONE desland
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YSI asp cert cert thed	뚩	21d. INJURY OCCURRED 21ePLACE OF I	1.7	21f_LOCATION Street or R F D. No	. City or Town	County State
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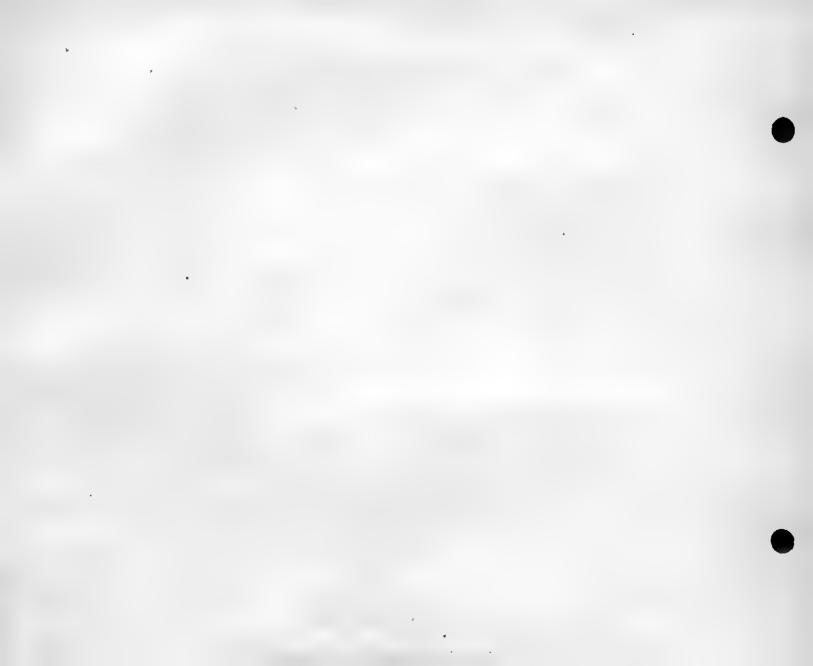
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09012 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 20. DATE OF DEATH 2b HOUR haurs after death (Type or print) Catherine Ann. Month June Benner 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (In years IF UNDER YEAR IF HNDER 24 HRS last birthday) MONTHS Female White July 14, 1938 30 YRS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 3 NEVER MARRIED 9 COUNTY OF DEATH Washington Hagerstown Md WIDOWED [7] DIVORCED [TT 24 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of wark done requires that the death certificate be executed within 126 KIND OF BUSINESS OR during mast of work no life, even if refired)
Machine Operator give street address) Washington Shoe ban 3 Hagerstown Co. Mospital 13a USUAL RES DENCE (Where deceased lived, if institution Res dence before event, 13c CITY OR TOWN 13d -MSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE YES [7] Route # 2 Smithsbura in any 14 FATHER S NAME IS MOTHER'S MAIDEN NAME First Middle , ast M.ddle Last Mildred. Elmer Ellsworth Long. Freda Roser 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) 1 (fixes give war a dates of service) ar removal, 214-091-13 the attending phys Mr. Robert L. Benner R # 2 Smithsburg. Md. APPROXIMATE JATER AL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Note IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate cause (o). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [far use YES 🖂 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 210 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 211 LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark 22a I certify that (I) (this haspital) attended the deceased from 19 of and that in , to muce-19 67 (and that in (my) (our) apinian death accurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE **ATTENDING** director, page 3 shauld be filed DIRECTOR PHYS 22d PHYSICIAN S 22e ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b DATE. 23d LOCATION (City or Town) REMOVA. (Specify) Hagerstown-Washington-Md. Rest Haven Cemetry 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) Rest Haven Juneral Chape Hagerstown Md. DATE



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Al	law bee		101	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION W.	A PERFORMED 20g, AUTOPSY?	20b. IF YES, WERE F.NDINGS CO	INSIDERED IN CERTIFYING
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	ed A Ped he he			saw the deceased a	live on 6/3/63 ;,(I) (144) (did) (did not) view	19, and that in (my) (our)	opinion deoth occurred on the dat	te and hour and from the
	15 to			22b SIGNATURE	, (i) () (did) (did fior) view	me body offer death.	1 00 0	LTE COMPR
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	1	MARYLAND STATE DEPARTMENT OF HEALTH 09025 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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be executed "pending in hief Medical E ansit permit F event within		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY:	APPROX MATE INTERVAL BETWEEN ONSET AND GEATH
Med Med per		1109 IMMEDIATE CAUSE (0) COLOR AS A CONSEQUENCE OF	Tunna d
be "pe nief nief ever		Conditions, if any, which gave)	7 6
shauld e ward s the Ch oursal-tra in any		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	10 year
shauld be contact the chief, the Chief, burnal-transit in any ever		10 x Coronary athleo Scherosci.	
INER: This certificate shauld be executed within 2 e certificate, writing the ward "pending in pencit, is should be farwarded to the Chief Medical Examines files. 3 shauld be used as a burial-transit permit file pages intion, or remayol, and in any event within 72 hour.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
waritii waritii waritii waritii avol	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
Miss of the state	TIES.	WAS PERFORMED?	YES NO V
VER: This certicetificate, writhould be farwareles. should be used tion, or remayon	E. G.	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING 1 HOUR A.M. 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, lite	ım 18)
NER: Shoul filles. Sshau	MEDICAL	CAUSE OF DEATH P.M. 19	
	2	21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, white work white factory, affice building, etc.) 21f. LOCATION Street or R F.D. No. City or Tawn	Caunty State
11 A E E		AT WORK AT WORK	1.
bical E bidase execudirector. Pa birtial, ir to burial,		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my apinian
DEPUTY DICA ecessary, please e te funeral director may be retained FUNERAL DIRECT		CHIEF MEDICAL EXAMINER	
7 7 7 7 1 2 1		SIGNATURE CLUO C W XXXXX MD ASSISTANT MEDICAL EXAMINER (22b. DATE S	SIGNED
Sary Sary Juen V be JER/			£ 3, 1769
necessary, please es the funeral director. S may be retained to FUNERAL DIRECTOR Health, prior to bur		NAME (Type) 2DAA D V. DITTO 111 D. 217 V. VASE ADDRESS (Street, city, fown, or county Elex STC v.	vaS.,
5 = # 25 H	230	REMOVAL (Specify)	(County) (State)
	24	FUNERAY DIRECTOR JULIE 4, 1960 VIST HAVEN CENTERY HAVE STOWN MASTER STOWN ADDRESS 250, REC D BY REG STRAR 250 REGISTRAR 5 S	ICNATURE . L.
VR ATSME	6	Lacks Sn Lauger HAJERSTOWN, ID. DATUN 5 1969 Climes	
10M REV 1 68 10	_	The part of the pa	Name of Street



		1		NU STATE DEPARTMENT OF HI		
1	~ 1	09026	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, BALTII CERTIFICATE OF DEATH	NORE, MARYLAND 21201	09018
	4 24	1. DECEASED-NAME Firs	M-ddle	Lost	2a. DATE OF DEATH	2b. HOUR
	24 hours after death. ed in by the function of the factor	(Type or print) 9104	vence {mma	Cosey	June Day	1969 M
	重工工	3. SEX	4. RACE	S DATE OF BIRTH	AGE (n years lost birthday)	IF UNDER 1 YEAR + JNOER 24 HRS
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	hours In by	7o BIRTHPLACE (State or foreign country)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9	. COUNTY OF DEATH	
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	道 真壁 "	10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR 1 give street oddress)		OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
	ed within	Hagerstown	Washington	Co. Hospital Hos	st of working rife, even if retired)	Own Home
	ond completely compared only compared componing only event, with only even	odmission) STATE	sed ved if institution Residence before 13b. COUNTY Washington	YES DO NO	TOT STREET FROM HOMIDER	, C+
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	rsiciate by	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY		ah Edith Address	Munge
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	that the death certifian. So the attending phy transit permit. Then cremation, or removo	1B. CAUSE OF DEATH (Enter o	nly one cause per line for (a) (b) and (r		2707 1181 000 0000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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h.	t the string string and the contributions of the co	Conditions, Tany which gove	(b) Unteri	vecloratic Heart	Discost	10 years
ررا	tho by cren	rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	+010 -0		,0
N	quires that the physician. signed by the buriol-transit buriol, cremath	last	(c) Hermoid	yel Kt Overy & Can	cinomatous Cha	ys 6 mos
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	AN: The low re of or attending icate hos been for use os the Health prior to	12 1-1110 1	CONDITION FOR WHICH OPERATION WAS P		20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	or off or off use	E 3/23/69 C		YES NO S		
	IAN tol o fficat for for	₹ □ OR CONTRIBUTING □ CAUSE OF DEA	TH HOUR A.M. Month Day Yes	ſ	rainte at rajust in Pari I ar Pari Z, s	iem 10)
	PHYSICIAI ne hospitol this certific etached for Dept. of H	(If either, notify medical exam	PLACE OF INJURY (AT HOME FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY,) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
	PHYSI ne hosp this cer etached	While Nat while at work	OFFICE BUILDING, ETC	3,000,000,000,000	A	Sidie Sidie
	by the thick the thick the thick the dead be described.		is haspital) attended the deceas	sed from 11 lay 23, 196	1, 10 June 1, 191	69 , that (1) (we) last
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	OR ATTENDIN be retained by DIRECTOR: After ge 3 should be ed with the Sta	MH2 ()	man m	DEGREE PHYS MEI	D. STAFF CO	ATE SIGNED
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	FRA ERA or, p or, p d be	NAME (Type) JOI-	IN A. MORAN	4 M.D. 215W.WA	SHINGTON ST.,	Hagewoown, M.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low range of may be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to the state of the sta		DATE 23¢ NAME OF	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	5 5 5 E	REMOVA (Spendy)	6/4/69 Rest k	daven Cemetery	Hagerstown-Washi	ington-Md.
	VR AIS	24. FUNERAL DIRECTOR	ADDRES ADDRES	S 2So REC D 8Y	REG STRAR 2Sb REGISTRAR S	SIGNATURE
	45M 17867	Rest Haven June	ral Chapel Hager	stown, Md. DAUUN	5 1969 Holland	And Andrew



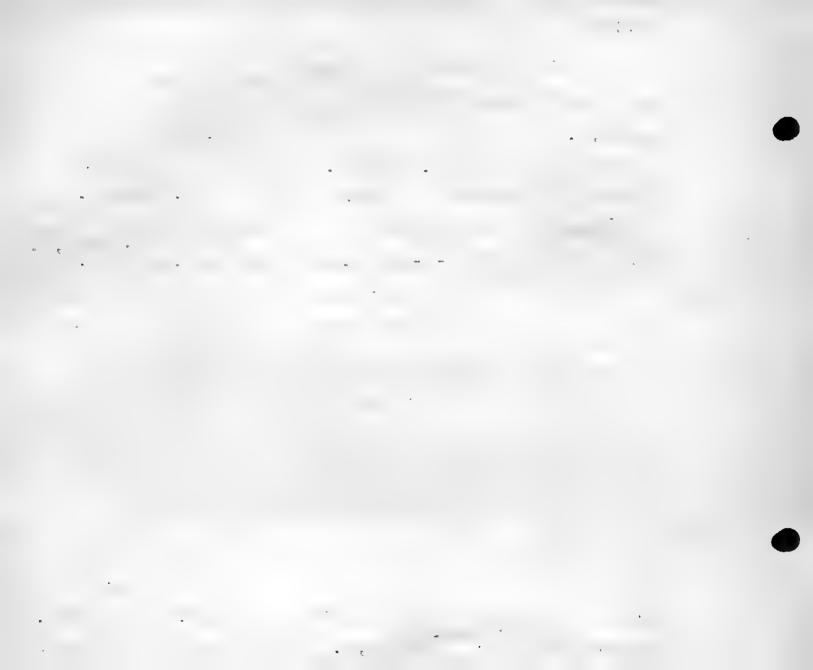
		09027	DIVISION OF VI		ERTIFICATE OF		ORE, MARYLAND 21201	098	
£ -2£		CEASED NAME First		Middle	Last		20. DATE OF DEATH		2b HOURa
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(重聚E) g	3 SE	X	4 RACE		S. DATE OF BI		6. AGE (In years		F UNDER 24 HRS
s of s		FE.IA E	THIM		JUNE 2	29, 1883	lost birthday)	MONTHS DAYS	HOURS MIN
Do yd Ino	7a. E	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT		MARRIED NEVER MAR	RRIED 9.	COUNTY OF DEATH		
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and completely filled in by the funerol remove curbon papers. Poles sand in ony event, within 72 hours ofter deal	10. C	ITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INST	TUTION (If nat in hospital		OCCUPATION (Kind of work dane	12b KIND OF B	USINESS OR
with bon wit		WRAL HAJESTO	WN give sinee	t address) JT 出 非3			of working life, even if retired.) Piraking	O AN HO)r. 4
ed ent	13a admi	USUAL RESIDENCE (Where deceasion) STATE	1 ml - 4 mil 1985	Residence before	13t CITY OR TOWN	13d INSIDE CITY LIMITS			
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o a de de	14, F	ATHER'S NAME First	Middle	Lest	15 MOTHER S MA	AIDEN NAME First	Middle		Last
Se dia		THOMAS	H	RASL		MA: Y		a, IC	E
cote cote sicio	16a. Y	WAS DECEASED EVER IN U.S. ARI es, no of unknown) (14 yes give v		SOCIAL SECURITY NO	1		Address	OUT & #3	
phy en oval			٤.	16-38-076		AIR Rades	HAJERSTOWN,) ATE INTERVA,
ea Time		18. CAUSE OF DEATH (Enter on	ly and cause per line fo	ar (a), (b), and (c))	•			BETWEEN ON	SET AND DEATH
end end or r		PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (a)	unus	<u> </u>			about	- week
Gures that the death certificote be exemply signed. Signed by the ottending physicion and cobural-tronsit permit. Then please removal, ond in any		4123	DUE TO, OR AS A	CONSEQUENCE OF		16 . 1	0	1	1 0
the the mat	П	Canditians, if any, which gave use to immediate cause (a),			clerolic b	Kair	Peseace	Juys	tauring
Sequences that the physician. Signed by the burial-tronsit burial, cremat	П	stating the underlying cause	DUE TO, OR AS A		Fine			-A.1	a di a di
Squires the physician. signed by burial-troi		last.		starva		L TISSES OF COM	STREET OFFICE OF STREET	army	/ aneco-
requires that the death certificate be executed within 24 hours after death g physician. signed by the ottending physician and completely filled in by the funeral signed by the ottending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Popes sain of a burial, cremation, or removal, and it any event, within 72 hours ofter death		PART 2 OTHER SIGNIFICANT COL	4			IT DIZEASE OKTON	DITION GIVEN IN PAR! (a)	,	
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se be	ERT	21a. ACCIDENT WAS UNDERLYIN	IG 216 TIME OF IN	LIRY			sture of injury in Part 1 or Part 2,	Item 18)	
IAN ficol for for ficol		OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. M	lanth Day Year	210. 11017 110001 000	COKKED (LINGS AK	note of injury in run 7 or run 2,	110111 10.7	
rSICI, aspito certifi hed t	MEDICAL	(If either, natify medical exami	DIACE OF INVERY (AT	HOME, FARM, STREET FACTO	RY 1 21f LOCATION Street	et or RED No	City or Town	Caunty	State
PH) e he his circle per his circle per per per per per per per per per pe		***************************************	OFF	ICE BUILDING, ETC	21f. LOCATION Stree	or or Karaba rida	city of form	caomy	3.4.4
IING PHYS by the hos ifter this ce be detoche Stote Dept.		atwark atwark 220. I certify that (I) (#h	is hamitall attend	ed the deceases	from /96 k	. 19	_, to	69 , that	1) (Was Inst
A Aft		saw the deceased a	live on	7 2 19	2, and that in (m	y) (áiúr) apinic	on death accurred on the de	te and hour o	nd from the
Oct of the state o			e, (I) / @e/ (did) (qi(not) view the b	ody ofter deoth.				
Terret With With		226 SIGNATURE	VIII.		ATTENDIN	NG MED.	CTOR STAFF 22c.	DATE SIGNED /9/69	
DIR DIR DIR		OO L DURESTEINING	11.11	naculal	DEGREE PHYS 22e ADD		CTOR L PHYS L	14/07	
ITAI SAL SAL be f		22d. PHYSICIAN S NAME (Type)	ITO AMATI	T.O.			SHAMPSBUR , MA	L.Y. AIVD	
Poge 4 moy be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been director, poge 3 should be defoched for use as the should be filed with the State Dept. of Health praction	92.				METERY OR CREMATORY		3d LOCATION (City or Town)		(State)
Should should be	230	DEALONIAL IC						(County)	, ,
5 5	24	ELINERAL DIRECTOR	6/10/69	ADDRESS	AW CEMETARY	25a. REC'D BY R	SHARPSBUR WASH	SIGNATURE	MD.
VR A 13 (4) ∰ 30M REV 1/68	(Rarles m Lough	HA.		MAFYLAND	DANJUN 1		Fan Oscale	

MAKILAND STATE DEPAKTMENT OF REALIN



	FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH						
Н	EALTH DEPT.	1	DECEASED NAME First	Middle	Lest		OWN Manth Day	y Year 2b. HOUR	
			(Type ar Print) Hilda	Armatha	Crower	OF ES	SII	1969 5 M	
	2 Pm	3	SEX 4. RACE	S DATE OF BIRTH 6 AG	E In years HE UNDER 1 YEAR I		NOUNCED DEAD	22 HOUR	
-	and 3 M3. Po	1	Penale White	January 10, 1912	57 YRS MONTHS DAYS H	OURS MIN Month	6 Day 14	Year 19 69 6 a M	
	~ ~ ~ ~		The state of the s		8. MARRIED NEVER MARRIE	9. COUNTY OF DEATH		17 02 2 2 11	
	State Dep		ntry) esboro, Pa	USA	WIDOWED DIVORCE	_		AA o	
	Pages Ath far	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II	NST TUTION (If not in haspital			KIND OF BUSINESS OR	
-	ve Page y with 1 the Stat	*	Hagerstown	give street address W. Gra	mblin St	12a USUAL OCCUPATION (Kinder no most of working life, Sarmard .	even if retired) INDI	USTRY AND	
	Give Give That	13		d lived, if institution: Residence before	13c CITY OR TOWN 13d INS	SIDE CITY & MIES? 13e. STREET A	IND NUMBER	7000 6-070	
,	havis after dearn teen is Give Pag Office along with and 2 with the Sta after death,	57	day and	Washington	Hagerstown YES	NO 1 645 W	. Franklin S	St.	
	Office office office office	14.	FATHER S NAME First	Middre Last	15. MOTHER'S MAIDEN	NAME First	M≥ddle	Łost	
-		11	DANIEL	(mm) Slice	ck	Clara	Elizabeth	Myers	
	minges of hours of ho	16	WAS DECEASED EVER IN U.S. ARMED FO		IO. 17 INFORMANT		ADDRESS Hager	stown Md-	
- 1	Examines, Examines, File pages		Yes, no, ar unknawn) (t yes give we	217-28-22	89 Mrs. Dorothy	Domer 639 N	Mulberry S	Sta	
	in per min per min per min per min 72 min		18. CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
-	executed and inding " a Medical		PART I. DEATH WAS CAUSED	mad.	oses of live	r with hemo	rrhage	Hours	
			5/14	DUE TO, OR AS A CONSEQUENCE OF					
_	ipe ipe insit		Conditions, if any, which gove prise to immediate couse (a),	(b) Charen	rc schokeun	alsoholism		Years	
₀ , =	should be en ward "per a the Chief I burial-transit		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF					
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, ,	verificate writing th irwarded t ised as a naval, and	8			2.				
〕	writ arwar used mava		19a. DATE OF OPERATION	196 CONDITION FOR V WAS PERFORMED				20. AUTOPSY?	
	cate, cate, be for the formula	CFRTIFICAL						YES NO	
*			210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	21b. TIME OF NOURY Manth, Day, Yea HOUR A.M.	21c HOW INJURY OCCUR	RED (Enter nature of injury in	Part 1 or Part 2, Item 1	IB)	
	INEK: 1 should the files. Tiles. 3 shauld atian, a	MEDICAL	CAUSE OF DEATH	P.M 19	01/100170116	5 h 11			
		~	21d. NJURY OCCURRED 21e. PL	ACE OF N.JRY (At home, form, street, ory, office building, etc.)	21f LOCAT ON Street or R.	.F.D. Na City or To	awn (c	aunty State	
	colcal Examinates the state of director. Page 4 stained for your DIRECTOR: Page in to burial, crening to burial, crening the state of t		AT WORK AT WORK						
	A Far			ak charge of the remains describ				and in my apinian	
-	Se e scholared and a se e e e scholared and a se e e e e e e e e e e e e e e e e e		death resulted fram:	Matural causes 🔀 , Accider	it □, Suicide □, Ho	amicide 🔲, Undeterr	mined manner 🗌		
	director director etained DIREC		ACTUAL	0//1/10.62		IEDICAL EXAMINER			
	y, ple eral di se reto AL Di priar	1	SIGNATURE	sent of au	191,12	NT MEDICAL EXAMINER	22b DATE SIGN	6/69	
	DEPUTY ecessary, plue funeral or may be re FUNERAL I	1	EXAMINER'S Howard	l N. Weeks		MEDICAL EXAMINER S(Street, city, town, or county)			
	necessary, the funeral makes may be may be or funeral health pri	2	a BURIAL, CREMATION. 235 (CEMETERY OR CREMATORY	23d LOCATION (Cil	_ washing t	unty) (State)	
	= - 4.2	- 2	REMOVAL (Spec fy)	1				in	
		2	SULVAL FUNERAL DIRECTOR	5/18/69 Cedar	till Cemetery 250	GREED BY REG STRAR	2Sb REGISTRARS S GN	n- Penna_ NATURE	
	VR A15MF (5)		4/6,	ral Chapel Hager	town Md.	UN 1 9 1969	(Milemales)		
	10M REV 1/68		near naven Junes	an Cumber Manies	MUNITY ILL	OH THE MOON	1,000		

MARTLAND STATE DEPARTMENT OF HEALTH



_	MARYLAND STATE DEPARTMENT OF HEALTH									
	09029 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							01		
	CERTIFICATE OF DEATH					0.5	09823			
4 -24 .		CEASED NAME First		M.ddle		Lost	20. DATE O			25. HOUR
de d	-	ype or pant) Julia	GR	ANdber	RV	CROSS		TUNE -	Doy Yes	or 250 A.M
fer of fer of	3 S	X	4 RACE			DATE OF BIRTH		6 AGE (In years	S F JHDFR I 1	YEAR IF LINDER 24 HRS
by the funeral pages I and 2 nous after death		FEMALE	W		′	July 5,	1877	last birthday)	YRS. MONTHS	DAYS HOURS MAN
■ 1 € 7E		BIRTHPLACE (Stote or foreign	76 CITIZEN OF WH	AT COUNTRY?	8 MARRIED	NEVER MARRIED	9. COUNTY O			
18 F		ALABAMA	21.5	3. A.	WIDOWED 🔁		WAShi	NOTON -	HAGE	#5 70 €07 ¥ Md
The law requires that the death certificate be executed within a attending physician. In this bean signed by the attending physician and campletely filese as the burial-transit permit. Then please remave carban parth prior to burial, cremation, or remaval, and in any event, within the contraction of the prior to burial.	ID I	TY OR TOWN OF DEATH IN THE METERS DENCE (Where deceds	mad gves	ME OF HOSPITAL OR INS	INTUTION (If not	In hospital	USUAL OCCUPATION	(Kind of work d	lone 125 KIN ed) INDUST	ND OF BUSINESS OR
ed w	130	USUAL RES DENCE (Where deceas	ed I yed, if instituti	on Res dence before	136 (ITY OR T	OWN 13d INSIDE C	STY LIM IS? 13e S	REET AND NUMBE	P	
amplete	odm	USUAL RES DENCE (Where deceds ssion) STATE MARY AN	dio fitto	mery	GAITH	ers burgyes		6 Peor		BUR
and cam		ATHER'S NAME FIRST	M ddle	Lost	15	MOTHER'S MA DEN NAM		Midd		1205
be n ar se ra		Rober	et L	ee Ell	15		EMMA		Tea	NIGAN
icio ilcio sleas	160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? or or dates of service)	16b SOCIAL SECURITY I	17 INF	ORMANT		15 Ada	emisti	ce Rd.
ertificate be physician o nen please iaval, and ir		es No or nuknown) (If yes give w		None	Mr	. Albert	H. Cro	SS Paw	tucket	t. R.I.
that the death certificate is any the attending physician transit permit. Then please cremaval, and		18 CAUSE OF DEATH (Enter and	y one couse per lin	e for (a) (b), and (c)) ,	, 1		ſ	AF BETV	FPROX MATE INTERVAL MEEN ONSET AND DEATH
endi mit.		PART I. DEATH WAS CAUSED IMMEDIA	LE CUTZE (0)	Ce	rebu	d he	moru	ha 9-p		
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or or or use little large solfit	CER 1	21a, ACCIDENT WAS UNDERLYING		WIURY	21c. HOW	INJURY OCCURRED LE		ry in Port 1 or Po	rt 2 item IR1	
CIAL Find Signature of the state of the stat	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. er) P.M.	Month Day Year			1	, , 1011 1 01 10	2, ((4))	
JING PHYSICIAN: by the haspital or fler this certificate be detothed for u State Dept. of Heal	ME	21d HHURY OCCURRED 21s				TION Street or R.E.D.	No. City	or Town	County	State
DING PHYS by the hos frer this ce be detache State Dept.		of work of work					-		,	
by 1 ffer be o		22a I certify that (I) (thi	s haspital) atte	nded the decease	d fram_2	. 5	9 <u>64</u> , ta	6.30	, 19 69 , 1	that (I) (WE) last
ENDING ned by th R: After th uld be de the State		22a I certify that (I) (thi saw the deceased al causes stated abave	(I) (gray fatial) (did not) view the l	9, and i	hat in (my) (∛ er) : ath	opinian death	accurred an th	e date and h	our and fram the
ATTA Shair Shair Shair Shair		22b SIGNATURE	77	did not) view tite t	odsy diter de			Т	22c DATE SIGNE	
OR OR COLUMN				mh.	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFE PHYS.	6.30.6	
AL Day by the page of the page		22d PHYSICIAN'S	0	MANA		22e. ADDRESS	**-			
SPIT 4 m d be		NAME (Type) M.E.	Byrkit	M.D.		28 W. P	otomac	St. W1]	lliams	port, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	23o	BUR AL CREMATION, 235 D	ATE	23c NAME OF C	EMETERY OR CE	EMATORY	23d LOCATIO	ON (City or Town)	(County)	(Stote)
5	F	REMOVAL (Specify)	y 3. 19	69 Pleas	ant H	ome Cemei	tery An	dalusia	Covir	Alabama aston
VR A15 (4) 45M 1/69	24	FUNERAL DIRECTOR	Teaf W4	.lliamspo	net M	250 REC'	D BY REGISTRAR 2 1969	25b REGISTE	RAR'S SIGNATURE	lak.
45M 1/69		WINGIO DA	Tear MI	TTT amp bc	T 60 T	w. WIT	4 1909	4	- O- O -	



1 10-1	I tems 18&22a Film 414 MARYLAND STATE DEPARTMENT OF HEALTH 6-26-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	09030 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9022
HEALTH DEPT.	1 DECEASED NAME (Type or Print)	Yeor 26 HOUR 5.05
2, and 3 PM3 e	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 15 Under 1 YEAR 15 UNDER 24 HRS 20 DATE PRONOUNCED DEAD 4 MONTHS DAYS HOURS MIN Month D Day Year 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	19 69 2d. HOUR 5. 05 A M
e Ded	(Country) Penna. U. S. A. WIDOWED DIVORCED Washington	M
fer death Give Pages 1 ang with farm th the State D	Hagerstown give Walshies Co. Hospital during master the seven if refired) HOUNTE	o of Business or Urant
\$ 8 × 8	130. USUAL RESIDENCE (Where deceosed Invid, if institution. Residence before 13c. CITY OR TOWN odmission) STATE Penna. 13d COUNTY Bedford Bedford YES NOT RFD 4	
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hin nine nine page hou	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wist or doles all service)	i, Pa.
be executed wit "pending" in pe net Medical Exor ansit permit. File event within 72	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH LINUTES
e executed pending" in ef Medical E ssit permit. F vent within	DUE TO, OR AS A CONSEQUENCE OF	Indices
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4000 = =	stoting the underlying couse Ruptured ansuryam/Circumstances/under/investigata Stoting the underlying couse Ruptured ansuryam/Circumstances/under/investigata PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	<i>en∖wean</i>] ou
is certificate street, writing the farwarded to be used as a bu remayal, and in	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20	AUTOPSY?
nis on the property of the pro	WAS PERFORMED?	YES NO
	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19	
3 - 4 - 60	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f LOCATION Street or R F D. No. City or Town Count	ly Stote
bicat Exam slease execute the director. Page 4 etained for your DIRECTOR: Page in to burial, crem	22o. I certify that I took charge of the remains described above, held on Autopsy X, Inspection , Inquiry , or death resulted from: Notyro cluses X, Accident , Suicide , Hamicide , Undetermined monner	nd in my opinior
ry blease e rad director AL DIRECT prior to bu	CHIEF MEDICAL EXAMINER	
RAIL Price	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER 6/19	/69
	NAME (Type) Howard N. Weeks, M.D. ADDRESS(Street, city, town, or county) Washingto	n County
0 = = ~ 0 ±	230. BURIAL (REMATION, before the property of) (State)
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS AD	RE
10M REV 1/68	Tuneral nome, Everece, Tenna. Dat : 2 3 1303	6

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MAKYLAND STATE DEPAKTMENT OF HEALTH

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FOR STATE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MEDI	CAL EXAMINER	S CERT	IFICATE O	F DEATH			09024	
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within 24 within 24 pencil in caminer's file pages.	IV.	es, no, ar unknawn) (If	res give war or dates of service)	217-32-716	2 Mr	s. Ethel	Dorman	. Rfd. 1.	Boon:	boro. Md.	
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AL RECORDS certificate , writing th arwarded to used as or	ATIO	190 DATE OF OPERATION		19b CONDITION FOR WH WAS PERFORMED?	CH OPERATI	ION				20 AUTOPSY?	
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	E GE	210 EXTERNA, CAUSE WAS PRIMARY OR CONTRIBU		FINJURY Manth, Day Year	21c F	HOW INJURY OCCU	RRED (Enter not.	ire of injury in Port 1	ar Port 2, +	em 18)	
N OF IER: certification	MEDICAL	CAUSE OF DEATH		P.M. 19							
ON PRESE	¥	21d INJURY OCCURRED	21e PLACE OF INJURY factory, affice build	(At home, form, street,	211 1	OCATION Street or I	RFD Na	City or Town		County St	ote
DIVISION OI -AL EXAMINER: execute the cert in. Page 4 shauld for your files. TOR: Page 3 shau ur.al, crematian,		WHILE NOT WHILE AT WORK	rocially, armed bolls								
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EPUTY essary, p funeral and be of JNERAL		EXAMINER'S	- M. D				MEDICAL EXAM			25, 1969	
DIVIS TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) Dr.	E. W. Dit					wn or diagers			
TO D nece the 5 m	23a	BURIAL, CREMATION, REMOVAL (Specify)	23b DATE	23c NAME OF CI				LOCATION (City or)		(County) (State)	
		Burial (Specify)	6- 27- 6		ville	Cemeter	y R	ohrersvil	le. Wa	sh. Co. Mo	L_
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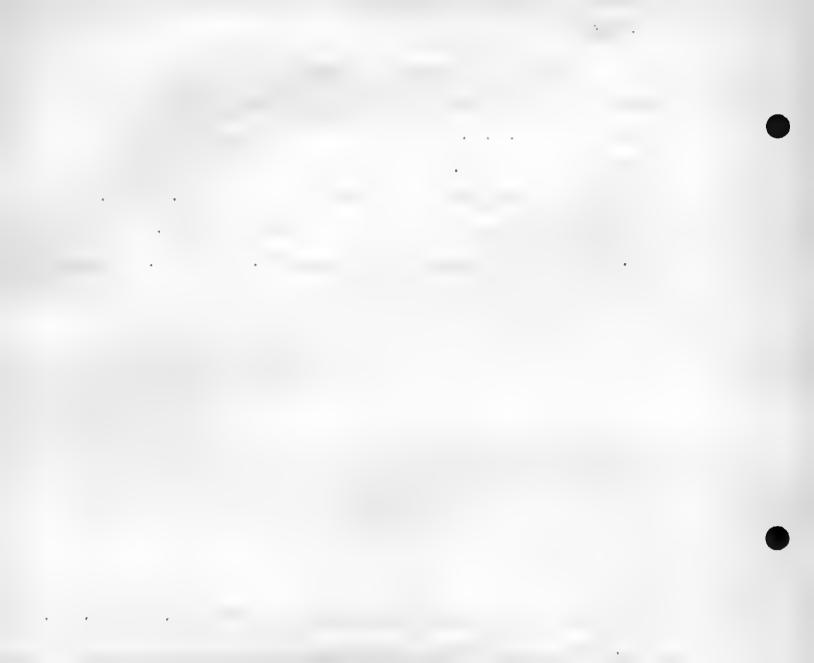
MARYLAND STATE DEPARTMENT OF HEALTH



	1 //	I.	1			DEPARTMENT OF	HEALTH FIMORE, MARYLAND 21201	
	1-9	Ī	09033	DIVISION OF VITAL RECO		ATE OF DEATH	IIMORE, MARTEARD 21201	09025
	-2-4		ECEASED NAME First	Midale		Lost	20 DATE OF DEATH	2b HOUR
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	fun fun i 1	3. 5		4 RACE		5. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	s affe		Female	White		2/16, 02	last birthday) 67 YRS	MONTHS DAYS HOURS MIN
	an an	70.	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	
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	law requires that the death certificate be executed within 24 haurs after death nding physician. been signed by the attending physician and completely filled in by the funeral is the burial-transit permit. Then please remove carban pages. Pages I and is the burial, crematian, ar removal, and in any event, within 12 harm after death	10	LITY OR TOWN OF DEATH	11 NAME OF HOSPITA	LOR INSTITUTION (IF no	t in hospital 12a USU	JAL OCCUPATION (Kind of work dane	12b KIND OF BUSINESS OR
	wift ban ban		HAGERSTOWN	WESTERN M	D. STATE H		oast of working life, even if refired) Seamstress	clothing
	pplet car	13a odm	USUAL RESIDENCE (Where decen- ession) STATE	sed fived, if institution Residence		1100 5-4	JMHTS? 13e STREET AND NUMBER	
	ecu.		ssion) STATE Maryland	Washington	Hagers	COWIT	©□ 619 N. Mult	perry St.
	X Tale 5	14	FATHER'S NAME First	Middle		MOTHER'S MAIDEN NAME	First Middle	lost
	o be		Summer	Kel			ary	Summers dagerstown, Md
	sicul plec	160	WAS DECEASED EVER IN L. S. ARI (8s, np. or unknown) (If yes give to	was as datas of sanction	1	FORMANT	Address 1	agerstown, Ma
	phy phy ava	<u> </u>				s. Poris	Smith, 619 N. M	APPROXIMATE INTERVAL
	Frem		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	y one couse per line for (o), (b), D BY.	ond (c))			BETWIFN ONSET AND DEATH
	dea henc mit ar		IMMEDI.	ATE CAUSE (0)	me or mie		h metastases to	l year
	he at per tran		Conditions, if any, which gave:	DUE TO, OR AS A CONSEQUE	icmodda 10 101	nal cavity		
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0	s the signal of		stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NEE OF			
100	ure hysi gne gne rrial			(c)	PUT NOT PELATED TO	THE TERMINAL DISEASE OR	COMDITION CINEM IN DART 1/a)	
4	req g p g p e bu		TAKE 2. OTHER JOHN SEAM CO.	TOTAL CONTROL TO DENTIL	DOT HOS KELAILES TO	THE TERMINAL DISEASE OR	CONDITION OTHER IN FART (0)	
10	ICIAN: The law requires that the death certificate be executional ar attending physician. Intrinct has been signed by the attending physician and compared for use as the burial-transit permit. Then please-remove at Health priar to burial, cremation, ar remayal, and in any events.	CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION	WAS PERFORMED	20o. AUTOPSY?	20b IF YES, WERE FINDINGS	CONS DERED IN CERTIFYING
		E S				YES NO S	CAUCES OF DEATHS	consocited in egitti-ino
	ate to a solid		210 ACCIDENT WAS UNDERLYIN		21c HO		er noture of injury in Port 1 or Part 2	Item 18)
	Figure 1	MEDICAL	OR CONTRIBUTING CAUSE OF OEA'	TH HOUR A.M. Month Doy	Yeor 19			
	G PHYSICIAN: The the haspital ar attention this certificate has detached far use a detached far use as to Dept. of Health pr	WED	21d INSURY OCCURRED 21e.			ATION Street or R.F.D. No	a City or Tawn	County State
	PH he		While Not while of work of work					·
	ING Dy til ter ter tate		22a. I certify that (I) (#	is hossifal) attended the d	eceased fram	June 10 19	69 , ta <u>June 16 19</u> Union death accurred an the d	69 , that (1) (We) last
	ed Eed E		saw the deceased a	live an June 16,	19 <u>69</u> , and	that in (my) (2004) ap	oinian death accurred an the d	ate and have and from the
	TOR TOR		22b SIGNATURE	e, (i) (4ve) (did) (dearner) vie	w the bady atter d	eath.		
	OR ATTENDING be retained by th DIRECTOR: After i 19 3 should be d ed with the State		220 STONATURE CHY	na Claron	Han DEGRE	ATTENDING		DATE SIGNED 5/16/69
	o de	l	22d PHYSICIAN S	" Uruon	TUN DOOR		tern Maryland Sta	
	RAI RAI			g Choon Han, M.	D.	1500 Penn	sylvania Ave Ha	gerstown. Md.
	TO HOSPITAL OR ATTENDING PHYSICIAN: I Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	23n	BURIAL (REMATION 23b		ME OF CEMETERY OR C		23d LOCATION (City or Town)	(County) (State)
	P S S S S S S S S S S S S S S S S S S S				ormed Ce		Middletown, Fr	
	(bg)	24	FUNERAL DIRECTOR	Δ	224960	250 PEC D I		
	VR A15 (4) 45M - 1/69/		Gladhill C	ompany, Middl	etown, M	id. DATE UN	BY REGISTRAP 1969 256 PROTECTE	4.



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09034 09026 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 20. DATE OF DEATH 2b. HOUR and 2 uneral (Type or print) Manth Nettie Blanche Promert June 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (n veors IE BINDER 1 YEAR IF JNDER 24 HRS lost birthdoy) MONTHS | DAYS Female Oct. 24. 1882 White 7a. 8IRTHPLACE (State at fareign 76 CIT-ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED ? DIVORCED [] Duriai-transit permit. Then please rèmove carban papen buriai, cremation, ar remaval, and in any event, w thin 72 Benevola, Md. U. S. A. Washington executed within 24 12a USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired)
HOUSEWIFE give street oddress)
Rfd. 2 INDUSTRY attending physician and completely to permit. Then please remove carban Boonsboro Own Home 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 Washington edm swalland YES X NO Boonsboro Lu N. Main St 14. FATHER S NAME IS. MOTHER S MAIDEN NAME First Middle Lost Daniel Foltz Webster Lydia Ann C. Toms requires that the death certificate 165. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 216-5),-8588 Mr. Leonard D. Ermert, Rfd. 2, Boonsboro, M. APPROXMATE MILEVAL STIME HOLD AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) A Seles considerates DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) ase to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. stoting the underlying cause) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) Land Filcone **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior to 1 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AHTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) ar contr buting cause of DEATH HOUR A.M. P.M. Month Doy Year 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No 21d. INJRY OCCURRED City or Town County State While Nat while at work 220 I certify that (I) (this haspital) attended the deceased from 5.18, 1959, to June 22, 1957, that (I) (we) last saw the deceased alive an June 12, 1969 and that in (my) (out) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady ofter death. 221 DATE SIGNED 6-23-1969 22b SIGNATURE ATTENDING MED DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN S BOONS BORO JUSEPH 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BJRIAL, CREMAT ON, 23h. DATE (County) REMOVAL (Spendy) 6- 25- 69 Boonsboro Cemetery Boonsboro, Wash. Co., Md. 250. REC D BY REGISTRAR O CO 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 30 30M REV. 1/88 John H. Bast, Jr. 112 N. Main St. Boonsboro, Mobate



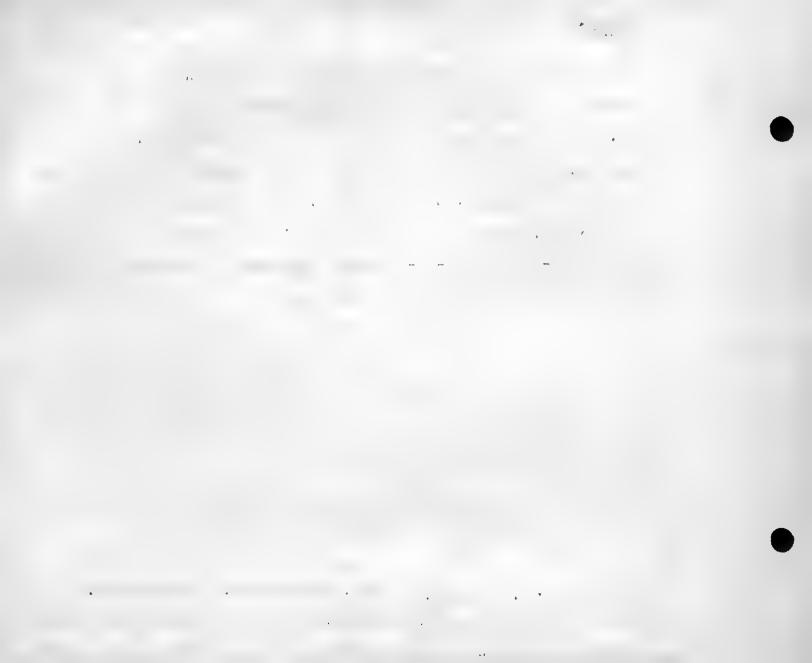
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09035 09027 CERTIFICATE OF DEATH 1. DECEASED NAME **First** Middle Lost 20. DATE OF DEATH 2b. HOUR death. requires that the death certificate-by executed within 24 hours after death unerol (Type or print) Month Edward Geral d June French 4. RACE 3. SEX S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR HE UNDER 24 HRS lost birthday) MONTHS DAYS HOURS Male Negro Nov 22 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [Washington signed by the ottending physican and completely filled in burial-transit permit. Then please remove carbon papers burial, cremation, or removal, and in any event, within 72' DIVORCED [X] lagurstown Md and completely filled remove carbon paper 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 125. KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDHISTRY Hagerstown Md Jonath anitor 130 USUA, RESIDENCE (Where deceased fixed, if institution: Residence before 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER YES K NO Hagerstown N. Jonathan ton 14 FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle Unknow Nathaniel French 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address World Warz Yes no or unknown) Miss Laurabell Seal 245 Jonathan 18. CAUSE OF DEATH (Enter only one cause per me for (a), (b), and (c).) BETWEEN ONSET AND DEATH 43) PART I. DEATH WAS CAUSED BY SERONDE MYOUNDING MFARCTION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF AT LEAST Conditions, if any, which gove) ATHEROSCIEROTIC 45 mas ase to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF ottending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to TENDING PHYSICIAN: The low 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d, INJURY OCCURRED 21a. PLACE OF INJURY (AT HOME FARM, SYREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that (I) (this haspital) attended the deceased from 2 1 20. 1962, to 27 20. 1969, that (I) (we) lost saw the deceased alive on 21 20. 1969, and that in (my) (our) opinion death occurred on the date and haur and from the Poge 4 may be retained couses stated above (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF 1969 JUNE DEGREE DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type POTOMAC 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION (County) (State) REMOVAL (Specify) Rose Hill Cemet Wash ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4). 1969 30M REV 11 da



St. State	2	1	00000			PEPAKIMENI OF		
12	7		09036	DIAIZION OF ALIVE KECO			IMORE, MARYLAND 21201	00000
					CERTIFICA	ATE OF DEATH		09028
	로 _2록	1 D	ECEASED-NAME First	Middle		Last	2a. DATE OF DEATH	25. HOUR
	death ond death	{	Type or put)	Elizabe	th Fr	risby	June Month Do	Y 1969 M
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	ed within 24 oletely filled carbon page ent, within 7		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL give street address)		in haspital 12a USU/	At OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
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	ed car car	13a	LSJAL RESIDENCE (Where decear	sed lived, if institution, Residence b	efare 13c, CITY OR T	OWN 136 INSIDE CITY L	IM TS? 13e STREET AND NUMBER	
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90	de bee	CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION Y	/AS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
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	AN Port Tor He d		OR CONTR BUTING CAUSE OF DEA		Year Zic. HOY	/ INJURY OCCURRED (Ente	r nature of injury in Part 1 or Part 2,	Item 18.]
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	the this begins the Detection of the Det		at many and					
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	d by d by	١	NAME (Type) Oma	~ D. SPRECH	ER, Ur.	Magi	istour mo.	
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The law re attending has been se as the h prior to	CERTIFICATION	190. DATE OF OPERATION 195	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 200 AUT	OPSY?	206. IF YES WERE FINDINGS O	ONSIDERED IN CERTIFYING
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ATTENDING etained by th CTOR: After t shauld be de		22b. SIGNATURE	c, (i) (body offer death.		20. 1	DATE SIGNED
OR / OR / DIREC e 3 s ed wi		1 S	AN X XX	DEGREE PHYS	ING MED DIRECTO	STAFF [7]	
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TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	-	Ur,	· W. Ditte. Jr.		ington St		_Md.
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	er deoth. funeral for deoth.		TD		M _•		GARDNER		June Month	P97.	1969	11:50
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	requires that the death certificate be executed within 24 hours after death. g physician. n signed by the attending physician and completely filled in by the funeral e burial-transit permit. Then please remove carban papers. Pages 1, and 2 o bur al, cremation, or removal, and in any event, within 72 hour effect, death.	160	WAS DECEASED EVER IN U.S. A (es, no, or no nown)	RMED FOR		17 NO 17.1 -6495 A	Mrs.	Clarence	Witmer, Char	5 Edg mber	ar Ave	Pa.
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	req n si e br	١.	TAKE 2 OTHER JOHN CAME C	OHDIIIOHS	CONTRIBUTING TO DENTIL BE	I NOT KELATED IK	THE TERMINAL	DISEASE OKCOMBILI	ON SIVEN IN PART 3(0)			
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	he of hos	CERTIFICATION					YES 🗀	NO 😿	CAUSES OF DEATH?		- N-10 III (LII	
	or or or or us		21a. ACCIDENT WAS UNDERLY		16. TIME OF INJURY	21c. HC	_		e af injury in Part 1 or Par	rt 2, îtem	1B.)	
	E PER E	MEDICAL	OR CONTRIBUTING CAUSE OF D	EATH H	IOUR A.M. Month Day 1 P.M.	ear 19						
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-fransit permit. Then please remove corban papers should be filed with the State Dept. of Health prior to bur all cremation, or removal, and in any event, within 72 has a should be filed with the State Dept. of Health prior to bur all cremation, or removal, and in any event, within 72 has a should be filed with the State Dept. of Health prior to bur all cremation, or removal, and in any event.	WEI	21d. INJURY OCCURRED 21 While Nat while at wark	e PŁACE O	OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	T. FACTORY,) 21f LC	CATION Street	or RFD No.	City or Town	(ytnuo	State
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	Short that	ı	22b, SIGNATURE	() N	(ara) (ara nar) view	ne body offer t				22c. DATE	SIGNED	
	OR DIRECTOR	1	A	En	V X The	DEGR	EE PHYS.	MED DIRECTO	R STAFF		14/69	
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	offer be d Stote		220 I certify that (I) (this	tospital) attended the decease on which was the	ed from	4 may	1963	, to gu	me 5, 19	19, that	(1) (we) last
OR ATTENI	DIRECTOR: Age 3 should led with the		Canses stated and	ve, () (we) (did) (did not) view the	body after o	leath.	out) opinion	degin oc	turred on the d	ote ond havr	ond from the
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ol v			22d PHYSICIAN'S		drives morey	DEGR	EE PHYS 22e, ADDRESS	DIRECTO	DR L	PHYS U	13/4	9
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	ifice nysi	l '	(es, no, or unknown) (II yes give	wat or dates of service)	232_28_28	ST_MRS RITTE	S COLLER	RSTOWN	
	cert g pl Ther	F	IB. CAUSE OF DEATH (Enter of			SY_MRSRUTH		APPROX MA	
	th idin		PART 1. DEATH WAS CAUS	D BY:	He 10 -10 (1)	indiana.		BETWEEN ONSE	I AND GEATH
	dec tren tren n, oi		IMMED .	IATE CAUSE (a)	A CONSEQUENCE OF	and want	07	Gugaes	1.111
	the a		Conditions if any, which gove		A CONSEQUENCE OF	Mencelle	15 Noonen Pa	1 / /2011	3117
	that on. by If ransi		nse to immediate couse (a),	(b)	A CONSEQUENCE OF	of wearing	y unicipally as	all Wes	142
	id by Little Lit		stating the underlying couse lost.	(c)	A CONSEQUENCE OF		/		
7	requires that the death certificote be executed physicion. It is signed by the attending physicion and come burial-transit permit. Then please remove to burial, cremotion, or removal, and in any executed by the please removed to burial.	L	PART 2. OTHER SIGNIFICANT CO		IG TO DEATH BUT NOT R	LAJED TO THE TERMINAL DISEASE (DECONDITION GIVEN IN PART 1(a)		
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	Talification of the state of th	MEDICAL	OR CONTRIBUTING TO CAUSE OF DE	TH HOUR A.M.	Month Doy Year	THE STATE STATES OF THE PARTY O	mar voice of injury in roll 7 or roll 2	, 118111 10.]	
	S PHYSICIAI the hospital this certifica detoched fa e Dept. of H	Æ	(If either, natify medical exam		HOME, EARM, STREET, FACTORY,	216 LOCATION Street or P.E.D.	No City or Town	County	Stote
	Pill his his bed Dep		While Not while at work	(or	FFICE BUILDING, ETC.	21f LOCATION Street or RFD	IND CITY OF TOWN	County	21014
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	OR ATTENDE be retoined DIRECTOR: A le 3 should ed with the		22b SIGNATURE	100	10 0 1	ATTENDANC -	220	DATESIGNED	13
	OR be r		3	Azorts ;	Mural Gill	DEGREE PHYS	DIRECTOR D STAFF D	12-16	7
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	VR AIS (4)	24	FUNERAL D RECTOR		ADDRESS	- 350 RES	PAY REGISTRAR 10 256 REGISTRAR	S SIGNATURE	40.
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n by the s. Page.	70	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT CO	UNTRY?		NEVER MARRIED	9. COUNTY OF			
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illed pop	10.	CITY OR TOWN OF DEATH	11 NAME OF	HOSPITAL OR INSTI	ITUTION (If nat in	haspital 12a US	UAL OCCUPATION	(Kind of work done	12b KIND OF E	
PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, he hospital or attending physicion. This certificate has been signed by the attending physician and completely filled in by the percent for use os the buriol-tronsit permit. Then please remove carbon papers. Page 1 pre-	H	agerstown Md	give street of	ington	County	Hosp during	most of working	life, even if retired.)	INDUSTRY	
omplete	130	LSUAL RESIDENCE (Where decease	ed lived, if institution. Re	sidence before	13c. CITY OR TO			REET AND NUMBER	1	
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a Be		Unkn	OW			Unkno	W			
and	160	WAS DECEASED EVER IN U.S. ARI		OCIAL SECURITY NO				Address		
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and The	1	18. CAUSE OF DEATH (Enter on	ly one cause per line for	(a), (b), and (c))					BETWEEN OF	NSET AND DEATH
endl mit.	П	PART I. DEATH WAS CAUSE	ATE CAUSE (a) Arte	rioscle	rotic	heart di	Lsease	with	Indef	inite
ath pers	П	1994	DUE TO, OR AS A CO	INSEQUENCE OF	conge	stive fai	llure			
the the not mot	П	Canditions, if any, which gave rise to immediate couse (a),	(b)			 			-	
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or after see by the se		21a. ACCIDENT WAS UNDERLYIN	IG 216 TIME OF INJUR	<u> </u>	21c. HOW			y in Part 1 or Part 2, I	tem 18.)	
Ital for for for f He	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Mar	ith Day Year						
YSIC ospi cert hed hed	E G	21d INTURY OCCUPPED 21e	PLACE OF INJURY (AT HO)	19 NE FARM, STREET, FACTO	DRY.) 21F LOCAT	ION Street or R.F.D N	lo City	or Town	County	State
PHYSICIA) he hospital this certifica etoched fo	П	While Not while at wark	(OFF CE	BUILDING, ETC.	1					
ENDING ned by th R: After i uld be d	Н	22a I certify that (I) (the saw the deceased of	ıs haspital) attended	the deceased	from Fet	3, 19.	69 , ta J	une 5 , 19	09, that	(I) (we) last
NN Sed to	ш	saw the deceased o	live an June	_519	09, and th	i <mark>at in (my)</mark> (aur) a	pinian death a	iccurred an the dat	te and havr o	and from the
TO Series		causes stated above	e, (1) (we) (ala) (ala r	iat) view the bi	ady arrest dea	In.		22, [ATE SIGNED	
TAL OR ATTENDING may be retained by AL DIRECTOR: After page 3 should be set filed with the Stol	П	178 Luh	listen 11	11	DEGREE	ATTENDING PHYS.	MED DIRECTOR	PRAPE .	9/69	
y br		22d. PHYS CIAN S)	<u> </u>			8 West	Washingt		reet
mg mg L. be	П	NAME (Type) B. B	. Kneisle:	7, M.D.		Ha	gersto	wn. Maryl	and	
POSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	230	BURIAL, CREMATION, 23b	DATE	23c. NAME OF CE	EMETERY OR CRE			IN (City or Town)	(County)	(State)
020 E 40		DEMONIAL IC C.	11-1969			emoterv				Md.
VR A15 (4)	24	FUNERAL DIRECTOR		ADDRESS		2So REC'D	BY REGISTRAR	25b REGISTRAR 5	SIGNATURE	
30M REV 1/68	1	John R Wats	on an Ha	peratew	n. mo	C. ONLIN	1 3 1969	Miliante	A frida	in the second



1 1	Items 18&22a Film 414 MARYLAND STATE DEPARTMENT OF HEALTH 7-14-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	09043 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	09035
HEALTHADERT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Doy Yeor 2b HOUR
· S O	(Type or Print) WALTER EDGAR HOFFMAN DEATH MATED X June	2. 1969 P.
delay and 3 M3. P	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF LNDER 1 YEAR IF UNDER 24 HES 24 DATE PRONOUNCED DEAD Months DAYS HOURS MAIN Month Days	Year Zed House
PM3.	Male White Nov 4 1904 64 YRS MONTHS DAYS HOURS MAIN Month Day	Year 1869 P. M
0.00	70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
es 1, farm	(Ountry) Maryland U.S.A. W DOWED DIVORCED Washington	M
Sta	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
	Hagerstown give street address No Prospect St during most of working if e, even if retired) Silk weaver	-
18. Gr. alang	130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER	
	Mary fand Washington Hagerstown YES € NO 08 No Prospe	ect St
in Item 1	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
in Item in Item of Office as Tand 2	Frank Hoffman Myrtle Rudisill	
nauld be executed within 24 ward "pending" in pencil in the Chief Medical Examiners rial-transit permit. File pages any event within 72 hours	160 WAS DECEASED EVER N S ARMED FORCES? (Yes no, or unknown) (If yes give wor or dotes of service) 174-05-0036 Mrs Betty L. Diffendall R	HO
w w pe pe xam	3 11 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	APPROX MATE INTERVAL
be executed winger of pending of the following the permit of the insit permit. File event within 72		BETWEEN ONSET AND DEATH
executed nation of Medical I permit.	IMMEDIATE CAUSE (a) Pennand 1 to the other transfer of the other t	36 hours
be execute "pending" nef Medical ansit permit	Out to, or as a consequence of Lobular pneumonia, right lung & (conditions, if only which gove)	14.2)
d 'i be Chie	rise to immediate couse (a), (b) politically defined appear and appear appears	
shauld be e ne ward "per or the Chief I burial-transit I'n any ever	storing the underlying course bus 10. Or as A Consequence of rastric contents into larynx,	
ate sho g the v sd ta tl s a buri and in	(c)	
s certificate shauld be executed e, writing the ward "pending" in farwarded to the Chief Medical E used as a burial-transit permit. Femoval, and in any event within	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
This certific icate, writing be farwards do be used as ar removal,	190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, In	20 AUTOPSY?
This coate, you be far libe us	WAS PERFORMED?	YES 🔀 NO 🗌
MINER: This certified writh the certificate, writh should be farwar rilles: 3 should be used matian, ar remaya	210 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, In	em IB)
INER: e certifi should files 3 should	PRIMARY OR CONTRIBUTING HOUR AM CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street 21f 10CATION Street or R.F.D. No. (Jiv or Town)	
		County State
JICAL EXAMINER: se execute the cert ctar. Page 4 should hed for your files ECTOR: Page 3 should burial, crematian,	WHILE AT WORK AT WORK to toctory, office building, etc.)	
Par Par for ital,	22a certify that I took charge of the remains described above, held an Autopsy 🔀 , Inspection 🔲 , Inquiry 🗀	and in my opinion
ICAL Be executed for the formula burial	death resulted from Natural causes 🖾 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined monner	
please please I director retained DIREC	CHIEF MEDICAL EXAMINER	
ITY DICA ry, please eral director be retained RAL DIRECT priar ta bu	SIGNATURE A ZW A STATE M.D. ASSISTANT MEDICAL EXAMINER 226. DATE	
Ssagn Web	CARPOTED P	1, 1969
O DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your o funeral DIRECTOR. Page Health priar to burial, crem	NAME (Type) Dr. E. W. Ditto, Jr. 215 W. Washington'y Str. or Thegerstown,	
5 c t ~ 5 H	230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) CALLAGO STATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
	Burial 6/6/69 Smithsburg Cemetery Smithsburg Wash 24 FUNERAL DIRECTOR 1250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 2	
VR ATSME (5)	A 1 10 0 00 TI - 1 U - 7	SHAIUKC
10M REV 1/684	Andrew K. Coffman Funeral nome Inc DATEIN 9 1969 TOLONS	- Inda
3 /	D	11



	09044	DIVISION OF VITAL RE	CORDS, 301 W. PR			YLAND 21201		
	11/1/13/3		CERTIFICA	ATE OF DEATH			0903	5
	DECEASED-NAME First	*****	dle	Last	20. DATE OF D			2b HOUR
	(Type or print) Milfe	erd Josep	h	Howell		Month Dg	4 Yed 69	6:35M
3	SEX	4. RACE	1	DATE OF BIRTH		6 AGE (In years	IF UNIOER YEAR I	F UNOER 24 HRS
1	Male	Whit	e	5/7/02		last birthday) 6 7 YRS	MONTHS DAYS	HOURS M N
	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED	NEVER MARRIED	9 COUNTY OF D			
100	untry) W.V.a	U.S.A.	WIDOWED		Wasi	hington		Md.
10	CITY OR TOWN OF DEATH	11 NAME OF HOSPI	TAL OR INSTITUTION (If no	in haspital 12a USU	AL OCCUPATION (hington Knd af work done	126 K ND OF BI	
	Hagerstown	g ve street oddress Wash	. Co. Hos	pital durngm	ast at warking lit Farmer	fe, even if retired)	INDUSTRY Ref	tired
130	USUAL RESIDENCE (Where deceo		e before 13c CITY OR 1	OVALN . 3d INSIDE CITY LI	M TS? 13e STRE	ET AND NUMBER		
000	mission) STATE Md.	13b. COUNTY Wash.	Hag	. # ITTEVES □ NO	D.	ual High	way	
14.	FATHER'S NAME First	Middle	Lost IS	MOTHER'S MA DEN NAME F	rrst	Middle		Last
L	James		owell	Ann	Mahon	ey		
16	was deceased ever in u.s. ar.			FORMANT	M 27	Address	917	
-		220-			M. How	err Di	Al High	way
	18. CAUSE OF DEATH (Enter or	nly ane couse per line (ar (a), (b), and (c).) So	epticemia ominal wal			APPROXIMA BETWEEN ONS	ET AND DEATH
	PAKT I. DEATH WAS CAUSE	ATE CAUSE (a) Collulity	is of abd	ominal wal	with	Danonen	2 9 de	243
Н	1538	DUE TO, OR AS A CONSEQU	JENCE OF		,			
	Canditians, if any, which gave use to immediate cause (o),	(D) 4-11-10-21	inal obstr	uction wo	und deh	iscience	23 d	43
	stoting the underlying cause	DUE TO, OR AS A CONSEQU			0			11
Н	last			e arcinom a		oloh	2 mo	nrhs
	PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISEASE OR C	ONDITION GIVEN	IN PART 1(a)		
NO	9g DATE OF OPERATION 19b	res Mellito	AS DEPLOCATED	AO. AUTOPAUA	A01 P* 11	TE MERE PROPERTY	Outern Co.Co.	WIR COLUMN
CERTIF CATION	1/2/7/10 T	CONDITION FOR WHICH OPERATIO	-	20d AUTOPSY?	CALLES C	ES, WERE FINDINGS DE DEATH?	ONSIDERED IN CER	IIFYING
FP	210 ACCIDENT WAS LINDED YIL	ntestinal ob	struction	YES NO		in Bart I D A	14 10 \	
le	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Manth Do	y Yeor	M HARRE OCTORETO (FUISI	norare or injury	m ron I or ron 2,	item 18 }	
MED.	Ill either, natify medical exami		STREET FACTORY 1 211 124	ATION Street or R.F.D. Na.	fb	r Town	Country	Stote
	While Not while	PLACE OF INJURY (AT HOME FARM OFFICE BUILDIN	G. FIC	AND STEEL OF KIED NO.	rity o	I TO WILL	County	31016
	at work at work 22a certify that (1) (4)	us basnital) attanded the	deceased from O	1 10 4	o to Gr	144 AL 10	1.9 that /	1) (ma) last
	saw the deceased of	is hospital) attended the	19.69, old	that in (my) (our) api	nian death or	curred on the di	nte and haur a	nd fram the
	causes stated abav	e, (I) (well (did) (did not) v	iew the bady after de	eath.				
	275 STENATURE	Den la	W O	ATTENDING N	NED C	STAFF 22c	DATE SIGNED	0
	mar 20.	Journet,	DEGREE		RECTOR	PHYS. L. 6	125/6	7.
	22d. PHYSICIAN'S NAME (Type) HA	R D. SPREC	UFA	1229 Pavel	Aurah H.	1- Ha	at 1	n. I
-	- Onn				nwood Hy		710 7 7	110.
23	DEMOVAL/Specific)		NAME OF CEMETERY OR C		23d LOCATION		(County)	(State)
2/	FUNERAL DIRECTOR	/27/69 F	Airview Co	2So REC'D 8	Keedy S	25b REGISTRAR S	SCHATURE	o. Md.
14	nag	erstewn Md				rsant II	- 24	e.
L	Andrew K.	Coffman Fune	ral Home	Inc DAILIN	3 0 1969	1 /	1	

ALL INCLINATION COLUMN TYPE



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	를 <u>무</u> 물을		ECEASED-NAME (ırst		Middle		Lost	2o. D	ATE OF DEATH			2b HOUR
	affer death he funeral ges I and 3 affer death	_	1//	LSON		У.	JEFF	ERSON		UUNE	28	1969	10:56/M
	章 22g	3. S	X	4 RACE			S.	DATE OF BIRTH		6 AGE (In year last birthday)			F DNDER 24 HRS
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	24 hours after of the function	7o cou	B RTHPLACE (State or foreign itry)	76 CITIZE	N OF WHAT CO			NEVER MARRIED [9. COUN	NTY OF DEATH			
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	ple ely firled Curbon pop ent, within 7				muyo stroot	FHOSP TALOR INSTI oddress) ern Md.St			UAL OCCUI most of w Janit	PAT ON (Kind of work orking life, even if ret.	done red }	12b KIND OF B. INDUSTRY	SINESS OR
130 USUAL RESIDENCE (Where deceased lived of nstitution. Residence before odm ssion) STATE Md. 13b COUNTY AND TEACOR Park 13d INSIDE CTY JM 157 13e STREET AND NUMBER FAKOMA PARK													
	A PER DE	14	FATHER'S NAME First	٨	Aiddle	Lost		OTHER'S MAIDEN NAME		Mid			Lost
	be of a din of din of		Mart	in		Jefferso	n		Pau1	ine.		Christ	ian
	uires that the death certificate be hysician. gned by the attending physician a prial-transit permit. Then please r prial, crematian, ar remaval, and in	160 M 6	WAS DECEASED EVER IN U.S. es no, or unknown) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ARMED FORCES	5? 16b. ervice)	SOCIAL SECURITY NO		ormant id B. Guion	n, 80	Addi 7 Tuckerma		.,N.W	-D.C.
	ng F The		18. CAUSE OF DEATH (Enter	only one cous	se per line for	(a), (b), and (c).)						APPROX MA BETWEEN ONSI	E INTERVAL
	attending f permit. The		PART I DEATH WAS CA	USED 8Y. EDIATE CAUSE (o)	ARCINO	MA	COLON				Z 4	
	attendi permit. ian, ar r		1538			ONSEQUENCE OF							
1	the the sit i		Conditions, if ony, which go rise to immediate couse (ve)	(b)								
20	is that the cion. I by the l-transit. I, cremat		stoting the underlying cou		TO, OR AS A C	ONSEQUENCE OF				-			
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	lend s be as the strict of	CERTIFICATION	190 DATE OF OPERATION 1	9b. CONDITION	FOR WHICH OF	PERATION WAS PERF	DRMED	200 AUTOPSY?		20b IF YES, WERE FIND CAUSES OF DEATH?	INGS CONS	IDERED IN CER	TIFYING
	: The land are the has been use as alth prior	RTE						YES NO	K I				
	fical confical for far far	MEDICAL CI	210 ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF CHIEF CAUSE OF CAU	DEATH HOU	TIME OF INJUI IR A M. Mo P.M.	RY nth Doy Year 19	21c HOW	INJURY OCCURRED (Ent	ter noture	of injury in Port 1 or P	orl 2, item	18.}	
	TO HOSPITAL OR ATTENDING PHYSIC Page 4 may be retained by the haspit TO FUNERAL DIRECTOR: After this certic director, page 3 shauld be detached shauld be filed with the State Dept. of	WE	2 id. IMJURY OCCURRED While Not while of work	Ple. PLACE OF I	NJURY (AT HO	ME, FARM, STREET FACTOR BUILDING, ETC.	21f LOCA	TION Street or RFD N	lo	City or Town	(ounty	Stote
	ATTENDING stained by th CTOR: After the shauld be de ith the State			(this haspite	al) attended	the deceased	fram	10-15,19	68.1	0 6 - 28	, 196	9 _, that () (%) last
	END Bed A: A: A: A		22a. I certify that # saw the deceased causes stated abo	alive an_	(4:4) (4:4)	5 <u></u>	62, and the	eat in (my) (45 47) ap	pinian de	eath accurred an t	he date	and haur an	d fram the
	TTO I thin I thi		22b. SIGNATURE	u v c , (1) (2008) (ala) (ala)	of) view the ou	dy direi dec	IIII.			22c. DATI		
	OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the		Domingo	X-	Gascio		DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS		ne 28	1010
	Al Duy by Dogge		22d. PHYSICIANS			•		22e. ADDRESS	DIRECTOR	11113		rec - 0	, , , bJ
	SPIT 4 m IERA or, 1 d be		NAME (Type) DOM	INED	A. 61	PRC/A		WESTERN	V MA	RYLAND	STAT	E HOS	PITAL
	TO HOSPITAL OR ATTENIED Page 4 may be retained to FUNERAL DIRECTOR: A director, page 3 should should be filed with the	230		Bb DATE		23c NAME OF CER			23d L	OCATION (City or Town) ((ounty)	(Stote)
	5 5 5 5 W			7/2/69			Memor	ial Park		andover, M			
	VR A15 141 3		FUNERAL DIRECTOR OHN T. RHINES	co.	3015 1	ADDRESS L2th Stre	et, N.	E. DATE	Y REG ST	1969 PEGIS	LARS SIG	NATURE LAND	ge



	1	MARYLAND STATE DEPARTMENT OF HEALTH						
de la companya del companya de la companya del companya de la comp		09046 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND CERTIFICATE OF DEATH				09638		
# = # # 2 #		ECEASED NAME First	Middle	Lost	20 DATE OF DEATH	2b HOUR		
death and death	Ι'	(ype or print) HAZEL	MAY	TONES	Manth Day			
	3 5		4 RACE	S DATE OF BIRTH	6 AGE (In veors	IF UNDER 1 YEAR IF UNDER 24 HRS		
5 485	1	Female	White	April	18.1920 last birthday) 49 YRS.	MONTHS DAYS HOURS MIN		
hours after		BIRTHPLACE (State or fareign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED 🔀 NEVER MARRIED 🗔	9. COUNTY OF DEATH			
72.5	(OD)	ntry) Pa	USA	WIDOWED DIVORCED	Wasington	Md		
	10	CITY OR TOWN OF DEATH	II NAME OF HOSPITAL OR INS give street address)	durn	USUAL OCCUPATION (Kind of work dane is most of working life, even if retired)	126, KIND OF BUSINESS OR INDUSTRY		
6 =	13a	USUAL RESIDENCE (Where decease	Wash Co.	Haspital	Housewife OTY LIMITS? 13e. STREET AND NUMBER	Own Home		
/ event	odm	issian) STATE Md	13b COUNTY Washington	Hag YES K	NO 1107 Kuhn	Ave		
6	14	FATHER S NAME First	Middle Lost	TS. MOTHER'S MA DEN NAI	ME First Middle	Last		
d in any eve		William			riett	Mills		
nen please laval, and ir		was Deceased Ever in U.S. ARN es, na, ar unknown) (1) yes give w	IED FORCES? 16b. SOCIAL SECURITY N	IO. 17 INFORMANT	Address			
5 A		No	217-28-5	047 Franklin	V. Jones 1107	Kuhn Ave.		
ешс		18. CAUSE OF DEATH (Enter onl PART 1 DEATH WAS CAUSED	y one couse per line for (o), (b), and (c).	111		APPROXIMATE INTERVAL BETWEEN UNSET AND DEATH		
arr	1	PAKT I DEATH WAS CAUSED	TE CAUSE (o)	Mernin		3 days		
requires that the death certificate be executed within a physician is signed by the attending physician and campletery signed by the attending physician and campletery bund, transit permit. Then please remove capan poblishing, are remayal, and in any event, within bund, crematian, ar remayal, and in any event, within		4/22	DUE TO, OR AS A CONSEQUENCE OF	7 VO 1	04.0	3 6		
nat		Conditions, if any, which gove) rise to immediate couse (a),	(b) CLECK	re sonn	Trum) anys		
		stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF	rescleros	(2)	not Emery		
5		PART 2-OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(0)	10. 11		
2	18	art. Con	dierascula	· droense	& Derbete	Mellette,		
Health prior to	CERTIFICATION	190. DATE OF OPERATION 196. (CONDITION FOR WHICH OPERATION WAS PER	RFORMED 20o. AUTOPSY?	206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING		
X	RTE				, □			
	1 . I	21 a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH		21c HOW INJURY OCCURRED	Enter noture of injury in Port 1 or Part 2, 1	tem 18.)		
on idan anic	MEDICAL	(If either, natify medical examin	er) P.M. 19					
	2	While T Nat while T	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	TORY) 21f LOCATION Street or R.F.D	No. City ar Town	County State		
		DI WORK OF WORK	s haspital) attended the decease	d from 11714 reh	960, to 6105 19	10 7 that (1) (ma) 1		
		saw the deceased a	ive on 6/	9 and fhat in (my) (aur)	apinian death accurred on the da	te and hour and from the		
		causes stated abave	, (I) (we) (did) (did pat) view the l	oady after death.		The state of the s		
		22b. SIGNATURE	xel finn	ATTENDING 177	MED STAFF 224.	DATE SIGNED		
should be filed		- Will	Surp / ()	DEGREE PHYS	DIRECTOR PHYS (120/69		
1		22d PHYSICIAN S NAME (Type)	RTURO RIE	(GO) 22e ADDRESS 8	Centetan.	fagerstim,		
20	23a	BURIAL, (REMATION, 236 D		EMETERY OR CREMATORY	23d LOCATION (City or Town)	(Cauply) (State) &		
111		BUT 1 (Specify)	7/2/69 Church	of the Breth	ernBroadfording	Wash. Md.		
ES.	24.	FUNERAL DIRECTOR Hage:	rstown Md. ADDRESS	25o 7 N		SIGNATURE		
69		A.K. Coff	man Funeral Hom	e Inc. DATE		0 0		



1 1		YLAND STATE DEPARTMENT OF				
0904	7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH				
1 DECEASED NAME (Type or print)	first Middle Minnie Maude		2a. DATE OF DEATH 6 Month 14 Day	Y 69 Year 25 HOUR 6:10		
3 SEX female	4 RACE White	S DATE OF BIRTH	6 AGE (In years left burthday) YRS	(E UNDER 1 YEAR IF JINDER 24 HRS MOINTH'S DAYS MOURS MIN		
7a BIRTHPLACE (State a country) Md •	USA	8. MARRIED NEVER MARRIED WIDOWED OX DIVORCED	9. COUNTY OF DEATH Washington	Md		
10. CITY OR TOWN OF D	own Ryatetoppess)	lanor Nursing Home	SUAL OCCUPATION (Kind of work done mast of work og ste even it ettred)	126 KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (admiss an) STATE Ma	Where deceased ved, if institution Residence d. • 13b COUNTY Wash.			nia Ave.		
14 FATHER'S NAME Ge	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle George W. Noel Mary Justice					
16a. WAS DECEASED EVE Yes, na. ar unknawn)	R IN U.S. ARMED FORCES? (It yes give war or do es of sarvice) (It yes give war or do es of sarvice)		e, Hagerstown,	Md.		
18 CAUSE OF DE. PART I. DEATI Conditions, if any rise to immediate stating the under last.	e (ause (a), (b)	Genoralustic p	Julione Seact Dunie	APPROXIMATE INTERVAL BETWEEN DASTE AND DEATH 3 O MILES MICHILLY LICENSES		
NO DATE OF OPERA	SHIF CANT CONDITIONS CONTRIBUTING TO DEATH THE CONDITION FOR WHICH OPERATION	WAS PERFORMED 20a. AUTOPSY? YES \ NO.	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?			
27a. ACCIDENT WA	CAUSE OF DEATH HOUR A.M. Manth Day redical examiner) P.M. RRED 21e PLACE OF INJURY & AT HOME, FARM, S	Year 19 REET, FACIDRY.) 21f LOCATION Street or R.F.D. 1	oter nature of injury in Part 1 or Part 2,	State County State		
22a. I certify saw the c causes sta	that (I) (this haspital) attended the delection deceased alive an ated abave, (I) (we) (did) (did not) view	eceased from 19. 19. 19. and that in (my) (sur) o w the bady after death.	pinian death accurred an the do	that (I) (we) last are and haur and fram the		
22b, SIGNATURE	Edensthe	DEGREE PHYS 22e. ADDRESS	MED. STAFF DIRECTOR PHYS. D	DAYE SIGNED		
NAME (Type)	Edson B. Moody, M.D,	363 S. (Cleveland Ave. Hag			
23g BUR AL CREMATION BENOVAL (Specify) 24. FUNERA, DIRECTOR	6-17-69 Re	ME OF CEMETERY OR CREMATORY St Haven Cemetery DDRESS 1250 RECTO	23d LOCATION (City or Town) IIa Forst Own BY REGISTRAR 25b REGISTRAR'S	(Caunity) (State)		
1 4 h .		erstown. Ma. M.	18 1969 KChanle			





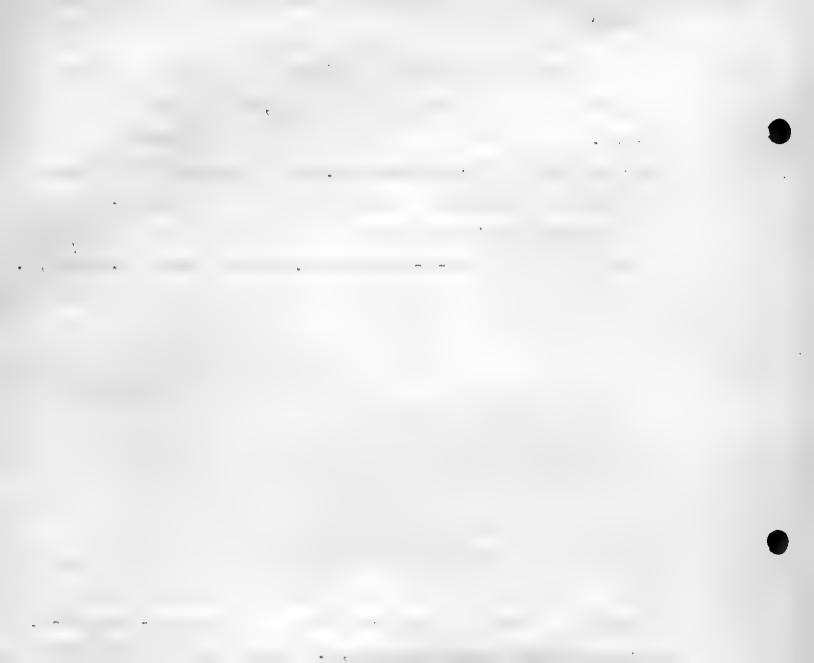


1		2/6: 11W DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	1	19050 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09042
HEALTH DEPT.	1.0	ECEASED NAME A/K/A FISUURE H. Leach Mode Lost 20 DATE KNOWN Manth Day Year 2b HOUR (yee or Print) DISTRIBUTE TO THE PROPERTY OF ESTI-
ay is 3 ta Page		ELSTE JUNE LEACH DEATH MATED 0-9- 109 4 5M
PM3. Page		Gemale white 6-9-01 (by Largety) Months Dars Hours Min Months Day Year 1969 5 PM
Depart of the part	7a.	SIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8, MARRIED NEVER MARRIED 9. COUNTY OF DEATH 1/2) Michigan USA WIDOWED Washington Md
Page Page with fa		ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hosp tol during most of werk in the pwerking the pwerk itelied) INDURKY gov.
18. Give Pages Palagna with far with the State	13o	JSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13¢ (ITY OR TOWN 13d INSERTITE LIMITS? 13e, STREET AND NUMBER Alexandria YES NO Mt. Vernon Ave.
24 hours after death in them 18. Give Pages I, recoffice along with farm as I and 2 with the State De rs after death	-	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Gilbert L. Hicks Nancy Kip
4 E W N N		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
within penal i	1,1	es, no, or unknown) (Fyes give wor or dotes of service) 378-18-2383 Bruce Campbell, Richmond, Va.
be executed within "pencil" n pencil iief Medical Examine insit permit. File pagi		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Froctused C, C
be exected the second of the s		Conditions, if any, which gove) Due TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) Leave the cheet the transaction of the cheet t
		rise to immediate cause (a), stating the underlying cause but to, or as a consequence of the underlying cause but to, or as a consequence of the underlying cause but to t
vertificate should writing the ward rwarded to the Cl sed as a burial-tn lavel, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
is certificate to, writing the transacted to remay and remayal, and	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 1 NO
INER: This certificate, writ should be farwar files. 3 should be used attion, or remova	AL CERTI	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18)
	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D Na (ty or Town) County State.
DICAL EXAMINER: se execute the cert ector. Page 4 shault ined for yaur files. ECTOR: Page 3 shault a burial, crematian.		WHEE DAT WORK TO AT WORK TO TO Higher To Wash, Hagers town wash M
For For Manual		22a certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion
please directo directo retained DIRECTO		death resulted from Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined manner []
y, ple gral di se reto AR Di prior		ACTUAL SIGNATURE Church (1) XXIO 777 M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
ro DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health priar to burial, crem		EXAMINER'S NAME (Type) EDWARD W. DITTO, III, M.D. DEPUTY MEDICAL EXAMINER 217 N. WASHINGTON ST. ADDRESS(Street, city, town, or county) HAGERSTOWN. MARYLAND
To the Hear	23a	BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Evergreen cemetery Lansing, Mich.
VR A15ME (5) 10M REV 1/68	24	Minnich Funeral Home, Hagerstown, Md. 250 REC D BY REGISTRAR 250 REG STRAR S SIGNATURE
TOM KEY 1708		

CYAYE BEBARTAAFIIT OF HEALTH

B B B



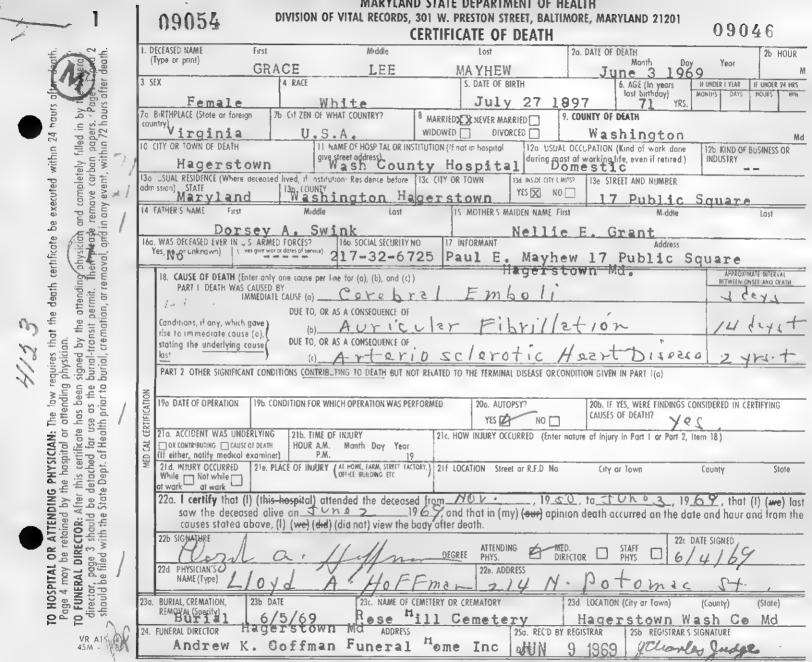


12	1	09052	DIVISION OF		301 W. PRESTON ST		ORE, MARYLAND 21201	
	I	teml6 FilmGhl3			CERTIFICATE OF		,	09044
축 - 2 축	1. D	ECEASED-NAME First		Middle	Last	20	a. DATE OF DEATH	2b. HOUR
rs after death. , the funeral ages I and 2 regiter death.		(ype or print) LEST	ER	NMI	LUSHBAU	GH .	JUNE Month 13	8:50 8
fter e fu ss 1	3. SI	X	4. RACE		S. DATE OF B	IRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 MRS. MONTHS I BAYS HOURS MIN
the grant	_	MALE	WHITE		T.	R 24, 189	93 75 YR	
	7о сеш	BIRTHPLACE (State or foreign	7b. CITIZEN OF WH		8. MARRIED MEVER MAI	KKILUL	OUNTY OF DEATH	
24 aperi	10.	MARYLAND ITY OR TOWN OF DEATH	U.S.A.	ME OF HOSPITA OR MI	WIDOWED DIVO	RCED	WASHINGTON	Md Md
be executed within 24 haurs after death and completely filled in by the funeral e remave carbon papers. Pages 1 and 2 in any event, within 72 in additional and 2 in any event, within 72 in any event.		HAGERSTOWN	give s	treet oddress) ASHINGTON	COUNTY HOSP.	during most a	CCUPATION (Kind of work don if warking life, even if retired D MACHINE OPEF) INDUSTRY MOT T ED
pplet cor	13s. adm	USLAL RES.DENCE (Where deceos	ed lived, if instituti 13b. COUNTY	on: Res dence before	1	13d. INSIDE CITY LIMITS?	The product that the tree to	
\$ 5 6 6 × /	L	MARYLAND	WIA	SHINGTON	HAGERSTOWN	YES → NO □	200 BOLLIT	
and and a second	14.	FATHER'S NAME First JOHN	M.ddle HENRY	LUSHBA		AIDEN NAME First	Middle	Lost
ase ase	160	WAS DECEASED EVER IN U.S. ARA		16b. SOCIAL SECURITY		KATIE	SHALL Address	RIDENOUR
requires that the death certificate g physician. n signed by the attending physicial e burial-transit permit. Then pleas o burial, cremation, or remayal, and	y	es, not of unknown) (If yes give w	ar or dates of service)		41A LEONARD	A LUSHBAI		
ng F The		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)				_		APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
endi mit.		MMEDI/	ATE CAUSE (o)Ch	ronic Res	piratory Fai	lure		1 month
he att		(onditions, if any, which gave)	DUE TO, OR A	S A CONSEQUENCE OF	d pulmonary	amphycami		11-12 years
at t		rise to immediate cause (a), ((u)———		d purillollary	empiry seme		11 15 70-10
A Aquires the physician. signed by burial-troi		stoting the underlying couse last.	(c)	S A CONSEQUENCE OF				'
Phys signe verice		PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUT	TING TO DEATH BUT N	OT RELATED TO THE TERMINA	IL DISEASE OR COND	ITION GIVEN IN PART 1(a)	Chronic
w re	×	Bronchitis; B	ronchial	Asthma:	Pneumonitis.			,
e lay tend tend is be as 1	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PE			20b IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
r of r of the plant of the plan	ERTIF	210 ACCIDENT WAS UNDERLYIN	C Jall Turk of	MINIMA	YES	,		
IAN tol o ificat far far	MEDICAL C	OR CONTRIBUTING CAUSE OF DEAT [If either, notify medicol exomit	HOUR A.M.	Month Day Year		LUKKED (Enter nat	ture of injury in Port 1 or Part	2, Item 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please Terriave carbon pages. should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72.	MED		PLACE OF INJURY	AT HOME, FARM, STREET FAI OFFICE BUILDING ETC.		et ar R.F.D. No.	City or Town	County State
ING by the ter i		22a. I certify that (1) (2)	n Anceptal) atte	nded the decease	ed from May 12	, 1969	, to Jun I3	19 69 , that (I) (we) last date and hour and from the
END led by lid to		saw the deceased a	live on Ju	1 12 Ididawat) view the	19 <u>69</u> , and that in (m	ıy) (XXX) apiniai	n death accurred an the	date and hour and from the
ATT Shau sith 1		22b SIGNATURE	(1) Wext (alla)	(CIRCLADA) VIEW INC			22	c. DATE SIGNED
OR OR OR OF THE		(/4/5	- Joseph	C	DEGREE PHYS.	NG X MED DIRECT	TOR STAFF	6/13/69
AL Page		22d PHYSICIAN'S NAME (Type) TATTITI	1		22e ADI			
TO HOSPITAL OR ATTENDING Page 4 may be retained by the FUNERAL DIRECTOR: After director, page 3 should be diled with the State		W LILL.	IAM T LAY		301		FAN ST., HAGER	
PUI FUI ihou	230	BUR AL, (REMATION, 23b REMOVAL (Specify) BURIAL			CEMETERY OR CREMATORY		d. LOCATION (City or Town)	(County) (State)
2-2-7	24	BURTAL " FUNERAL DIRECTOR	6/15/69	REST H	AVEN CEMETER	Y I I I I I I I I I I I I I I I I I I I	HAGERSTOWN WA	ASHTNGTON MD
OM REV TO	6	Hades In Kous	w		WN, MARYLAND	DATE JUN 1	GISTRAR 369 25b. REGISTRA	Les Lunds



		1			ID STATE DEPARTMENT OF H		
7	1		09053		301 W. PRESTON STREET, BALTH CERTIFICATE OF DEATH	MORE, MARYLAND 21201	09045
- 1	~ .	1.5	PECEASED NAME First	Middle	Lost	D. DATE OF DEATH	Les man
ath	a g g		Type or print) Eva	Corrine	Martin	20. DATE OF DEATH Month Doy	2b HOUR
- G		3. 5		4 RACE		June 22	1969 1171 1
Ife		1			S. DATE OF BIRTH		IF UNDER YEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN
SI	7 5 S	7.	Penale BIRTHPLACE (State or foreign 7	White	July 28, 1902	66 YRS	
ha l	is by	£0.0	intry)	b. GT ZEN OF WHAT COUNTRY?	MINNES THE SEK MAKE ED	9. COUNTY OF DEATH	
24	P 24	Wo	ishington Co. Md.	USA	WIBOWED DIVORCED	Washington	Wq
·Ē/	~ _ _ _ _		CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN: giye street oddress)	STITUT ON (If not in haspital 120. USUA:	OCCUPATION (Kind of work done stoof wacking life, even if refired)	12b. KIND OF BUSINESS OR
- 	超中 1、、、		lagerstown	Washington	County Hospital	Stitcher	Shoe Mta.
夏		13p	USUAL RESIDENCE (Where deceosed	Lived, if institution Residence before	13c CITY OR TOWN 13d NSIDE CITY LIM		
eru	88 E.		Mssion) STATE Maryland	Washington	Mangansville YES 2 NO	- 121 greengren	L Hue.
ě	p a la	14.	FATHER'S NAME First	M ddte tost	IS. MOTHER S MAIDEN NAME FIR		Last
that the death certificate be executed within 24 haurs after death	physician and completers en please remays carbay aval, and in any event, wi	L	William	Jac		illia	Mongan
cate	sicio Sea Pea , an	160	WAS DECEASED EVER IN US ARMED Yes, no. or unknown) 1 (III yes give wor	or dates of service)		Address	Md.
锺	ohy:		Yes, na, ar unknawn) (II yes give war	214-09-53	42A Mr. J. L. Martin 1:	27 Greenfield Ave	.Mangansville
9	attending p permit. The ian, ar rema		18. CAUSE OF DEATH (Enter anly	one couse per line for (6) (b) ender()	1 HEX 12 h10/1	m	APPROXIMATE INTERVAL BETWEEN CHIEF AND MEATH
Į,	ig it is		PART I DEATH WAS CAUSED E IMMEDIATE	3Y (7//7/7///	112 Cle 17 1 Cle	46,	8 621
9	atte erri an, a		11	DUE TO, OR AS A CONSEQUENCE DE	Line Cul fire	-Caralar 11	11/2: 1.
É	it p		Conditions, Fany, which gave)	(b) FIRY	ELTINE; RAGALLI	CAYLINA 1/1	E way
the d	on rem		rise to immediate cause (a),(stating the underlying cause(DUE TO, OR AS A CONSEQUENCE OF			
	ed the		lost.	(t)//			
requires the obvision.	signed by the attendi burial-transit permit. burial, cremation, ar re		PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH/BUT N	OT RECATED TO THE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART ((a)	5,1-11:01
	en s	z	11 7 12/18	ZAY Wie	MAN CALL	11671228196 18	11/ 17/0ml
V: The law re	a to the second	CERTIFICATION	190 DATE DE OPERATION 196, CO	NDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	20b IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
a to	has h p	H			YES NO NO	CAUSES OF DEATH?	
- E	e office		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter	noture of injury in Part 1 or Port 2, It	em 18.)
E CIA	信る主	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year P.M. 19			,
PHYSICIA e hasaital	teri	MEC	of a full low occupate Lat. In	ACE OF INJURY (AT HOME, FARM STREET FACE OFFICE BUILDING, ETC.		City or Town	County State
E 9	his eta		While Not while of work	♦ OFFICE BUILDING, ETC	1	20 /)7	
S ÷	e d ate	1	22g. 1 certify that (1) (this	haspital/attended the decease	ed from /7 / 19	tn 6 75 196	9, that (I) (we) last
E P	d b Si		I saw the deceased aliv	re on /2 f	94. Z. and that in (my) (aur) apin	ian death accurred on the dat	e and have and from the
	8 0			(I) (we) (did) (did not) view the	bady after death.		
OR ATTENDING	D TO TO		22b. SiGNATURE	. 11/1/ //	ATTENDING A ME	D STAFE 2200	ATE SIGHED //
9,0	ed ed		1 / a	79+17 MI	DEGREE PHYS. LET DIR	RECTOR D STAFF D	7 94
TO HOSPITAL Page 4 may	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the buriol-transit permit. Then please remayevent should be filed with the State Dept of Health prior to buriol, crematian, or remayal, and in any event		22d PHYSICIAN S NAME (Type)	W/ LAndiso	79M 220 ADDRESS JAC	ukin arustou	1 MAGEUTS HA.
0 4	S de la	230	BUR AL, CREMATION, 23b DA	TE TORONTO	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Cambridge)
H C	dire sho	100	REMOVAL (Spenly)				(Caunty) (State)
= ==		74	FUNERAL DIRECTOR / 12.	ABDRESS	Haven Cemetery 250 RECD BY	REG STRAR 256 REG STRAR S S	
	VR AT	A	Rest Haven Juner	al Chanel Hagen	stown, Md. DATE JUN		Pay Judge
	6.0	٧,	COO MUCEL SHIPE	as couper prayer	DAIC JUN	4 1000 4	- V , E







	,									TENT OF HE						
	-1-6	}		09055	DIVI	ISION OF \	VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH							09047		
غى	2.3	Ī			irst		Middle		Lost		20. DATE OF	DEATH			2b. HOUR	
EQ.	funeral 1 and ter death	- 1	(Ту	pe or print)	tty		Louise		McBee		Jr	Month 211e	1 Ley	1969	M	
-	fun		S. SEX			RACE			5. DATE OF BI	IRTH		6 AGE (In v	eors	IF UNDER YEAR	IF UNDER 24 HRS.	
#	the aff			Female		Whit	te		Sept	25, 1	937	last birthdo	yrs.	MONTHS DAYS	HOURS MIN	
SULS	by the funeral Pages 1 and 2 ours after death	1	o. Bl	PTHPLACE (State or foreign	7b. (1	TIZEN OF WHA		B. MARRIED	NEVER MAR		COUNTY OF	DEATH	*11.55			
			counti	Maryland	1	J.S.A.		WIDOWED		RCED .	Washir	ngton			Md.	
ithin 2	ely filed Theby the fu ban, papers, Rages I within Actions after	2	0. EH	y or town of DEATH gerstown		1) NAM give st Wa	ME OF HOSPITAL OR IN reet address) AShington	Count	nat in haspital	12a USUAL during most		(Kind of wor life, even if r		12b. KIND OF B INDUSTRY	USINESS OR	
5	corb	7 h	3a II	SLIAL RESIDENCE (Where de	reosed live	d if institution	Residence before	113c CITY O	R TOWN	38 INSIDE CITY LIMITS	57 13e. ST	REET AND NUM	MBER	-		
a ta	ve (, (dmis:	sion) STATE Maryla	ınd 13b	COUNTY W	ashington	Hager	stown	YES NO] 13	14 Jef:	fersc	n Blvd.		
exe	Par Co	1	4 FA	THER'S NAME First		Middle	Lost			AIDEN NAME First		N	hddle		Losi	
9	1 7.0 1	/ [Harry	B. We	enschh	of		Ar	nna M. K	oontz					
nficate	signed by the attending physician and completely burial-transit permit. Then please remave carban burial, crematian, ar removal, and the event, with	1	lóo. V Yes	NAS DECEASED EVER IN U.S.		RCES?	166 SOCIAL SECURITY 177–30–76		informant iichard	V. McBe	e, Hage				n, Blvd	
Ceri	D P E			8 CAUSE OF DEATH (Ente	r only one	couse per apa	for (o), (b), and (c)			-				APPROXIM.	ATE INTERVAL SET AND DEATH	
t to	attending p permit. The ian, ar remo			PART 1 DEATH WAS CA	used by Iediate cau	10	marie	11	mes	m						
-	attendi permit. ian, ar r			2581		and the same	A CONSEQUENCE OF									
0 =	the sit p		Hi	Conditions, if any, which go	ve)	(b)										
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	ng physician. en signed by the te burial-transit to			PART 2. OTHER SIGNIFICANT	CONDITION	S CONTRIBUT	NG TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE OR CON	DITION GIVE	N IN PART 1(o)			
he lov	attendi has be e as th	7	CERTIFICATION	90. DATE OF OPERATION	19b. CONDIT	TION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTO			YES, WERE FI OF DEATH?	NDINGS CO	INSIDERED IN CE	RTIFYING	
ž	ar or us			lo. ACCIDENT WAS UNDER		21b. TIME OF		21c. l		CURRED (Enter no	oture of inju	ry in Port 1 o	r Port 2, 11	tem 1B.)		
CA	in the second se	- 1	MEDICAL	OR CONTRIBUTING CAUSE OF	OEATH ominer)	HOUR A.M. P.M.	Month Day Year	,								
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	Page 4 may be retained by the haspital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar to		- 1	21d INJURY OCCURRED While Mot while to work	21e. PLACE		AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	TTORY.) 21f I	_			or Town	,	County	Stote	
S	by there be contacted	-1	2	22a. I certify that (I)	(this hos	pital atter	nded the deceos	ed from_	may.	3/,1969	7, to	kenie		69, that	(I) (we) last	
GNE	OR: Al auld auld I			saw the deceased causes stated ab	d alive a ove,(J}7(m yeer (we) (did) (i	did not) yiew the	9 <u>∞</u> /, or body after	nd that'in (m death	ıy) (our) opinu	an deoth/	occurred or			ind from the	
	IRECT		1	22b. SIGNATURE	44	als	10	DEG	ATTENDII	NG MED DIRE	CTOR	STAFF PHYS.	22c. D	ATE SIGNED	1,9	
OITAL	4 may t	/	7	NAME (Type)	NOX	SBO	C. Ros	44	22e ADD	norez	0 2 01	an	P. 9	Sta.	Md	
950	UNE Scta		23o	BURIAL, CREMATION, 2	3b. DATE		23c NAME OF			/	23d. LOCATIO	ON (City or To	wn)	(County)	(Stote)	
	Page of Fundamental Page of Pa		Ţ	REMOVAL (Specify)		17,196				Gardens						
-		-	24. F	UNERAL DIRECTOR	WD -	1	ADDRESS	THE AND	OTHER DE CALL	250 REC'D BY	REGISTRAR	25b. REG	GISTRAR'S	SIGNATURE		
	VR A15 (4) 30M REV 174			Harence (o. H	ilac	m, En	mitsb	urg, Md	DATELIN 1	9 196	9 40	lion	an Jacobs	e	



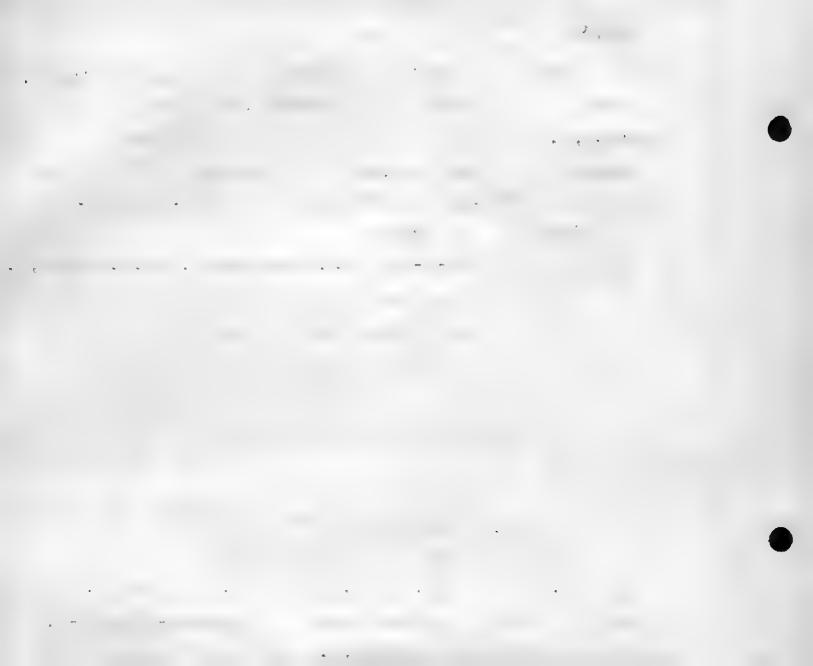


1		MARYLAND STATE DEPARTMENT OF HEALTH 19057 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9049
HEALTH DEPT.		DECEASED NAME First Middle Lost 20. DATE KNOWN I Month of ESTI- DEATH ADELAIDE MCCAPFET. 20. DATE KNOWN I Month of ESTI- DEATH MATED I JU 3	Day Year 26 HOUR 5, 1959+:35M
iny delay is 2, and 3 to PM3. Page	3. S		Year 1965 2d HOUR
-5.1		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
forr forr	<u> </u>	TITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 1)	Md
hours after death Jenn-18, Give Pages 1, Office along with form bad2-with the State De		give street address) during most of working life, even if retired.)	126, KIND OF BUSINESS OR INDUSTRY CMA HOLD
rs after	0	Idmission) STATEMANY AND 136 COUNTY WASHINGTON HAVE STOWN YES 10 NO 1 309 HADOLIFFE	AVELIUE
24 hours of in Bern As, Office, o	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
hin 24 nool in niner's poges hours	160	JAMES JACOB MORPATH ANNA M WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 309 ADDRESS ADC	MUSSEA'
within pencil xaminei ile poge 72 hou	()	(if yes give wer ar dates of service) 219-54-0513 FSTDS F JOJA RIJE ILA F STORIL .	
cuted ing" in dical E simit. F		IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS (AUSED BY IMMEDIATE CAUSE (o) Pulls caused Europeany IMMEDIATE CAUSE (o)	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH
be exemple in the period of th		Conditions, if ony, which gave to immediate cause (a). (b) The Subcapital factions. BY	,
should be en word "per or the Chief" buriol-transit		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF Recurses.	12 days
should wor the uriol-		last.	
ficote ing the ded to so b		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Anything scales of conditions contributing to death but not related to the terminal disease or condition given in part 1(a)	
certificat , writing arworded used os movol, ar	CATION	190 DATE OF OPERATION 196 COND TION FOR WHICH OPERATION	20 AUTOPSY?
his cote, you be us	Line.	May 28, 1969 WAS PERFORMED? Fracture teneur	YES NO C
TY DICAL EXAMINER: This certificate should y, please execute the certificate, writing the word diector. Page 4 should be farworded to the Che e retained for your files. *AL DIRECTOR: Page 3 should be used as a buriol-traping to buriol, cremotion, or removal, and in any	MEDICAL CERT	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOLD THE PART 1 OF PORT 2, New York CAUSE OF DEATH 210. THE OF INJURY Month, Day, Year 210. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, New York PRIMARY OF DEATH 210. THE OF INJURY MONTH, Day, Year PRIMARY OF DEATH 210. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, New York PART OF DEATH 210. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, New York PART OF DEATH 210. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, New York PART OF DEATH 210. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, New York PART OF DEATH 210. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, New York PART OF DEATH 210. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, New York PART OF DEATH 210. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, New York PART OF DEATH 210. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, New York PART OF DEATH 210. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, New York PART OF DEATH 210. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, New York PART OF DEATH O	/
XAMIN the the ge 4 sh your fil Poge 3 s	ME	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, torm, street, WHILE AT WORK AT WORK AT WORK TO THE PLACE OF INJURY (At home, torm, street, FORTULY COURT WARRED 10ctory, office building, etc.)	County State
XECUT Xecut Pog for y for y		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry	and in my apinion
blcal golden bloose exect director. Po etoined for blkECTOR:		death resulted fram: Natural couses 🗌 , Accident 🖳 Suicide 🔲 , Hamicide 🔲 , Undetermined manner [
JIY DICA ry, pleose e erol director be retoined RAL DIRECTOR		ACTUAL SIGNATURE CLUB C W D HS TITE M.D. ASS STANT MEDICAL EXAMINER 22b. DATE S.	IGNED:
cessory, per function be removed from the function of the func		SIGNATURE CLUBA AND ASS STANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU	/69
		NAME (Type) 217 V LAS IITON ST. HA INTERPORT D. ADDRESS(Street, city, town, or county)	
0 = # ~ 0 #	23a	REMOVAL (Specify)	(County) (Stote)
^	24	SUPPERAL DIRECTOR ADDRESS 250 FECT BY REG STRAR 2 250 REGISTRAR 5.51	
VR A15ME (S)	C	halles in Kauger FA ESTUVI, JARY AND DATE IT 1969 A	0 8





	MARYLAND STATE DEPARTMENT OF HEALTH										
		09059	DIVISION OF VITAL RECO		1 W. PRESTON STR RTIFICATE OF		09051				
4 = 24		ECEASED NAME First	Middle		Lost	20	DATE OF DEATH	2b HOJR			
death. nera: and 2 death.		Type or print) 9da	Krep	4	Miller	Ł	Oune	28 1969 6:40 M			
fund for d	3 5	EX	4 RACE		S DATE OF BIE	RTH	6 AGE (In years lost birthday)				
by the f		Gemale	White		Septen	wher 2,18	89 Tost birthday)	YRS MONTHS DAYS HOURS MIN			
and and and	70	BIRTHPLACE (State or foreign	76 CIT ZEN OF WHAT COUNTRY?	B. ₁	MARRIED 🔲 NEVER MARI		OUNTY OF DEATH				
d in d in 72 h,	C	earspring, Md.	USA	W	/IDOWED 🔯 💎 DIVOR		Washington	L Md			
Pod Alled	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITA give street address)	L OR INST TU	TION (If not in haspita	120 LSUAL OC	CJPATION (Kind of work d	one 12b KIND OF BUSINESS OR			
the specific of the specific o	L	Hagerstown	Jackson (onul.	Home	during mast at	warking life, even if retire	ed.) INDUSTRY Home			
e grant	13a	USUAL RES DENCE (Where deceases	ed lived, if institution Residence			138 INSIDE CITY L'MITS?	13e STREET AND NUMBER	R			
executed cample remayer completed cample cam		Maryland	Washington_	/4	lagerstown	YES 🔀 NO 🗌	632 N.Mulbe	erry St.			
ond rem	14	FATHER S NAME First		Lost	15 MOTHERS MA		Midd				
ate be executed vician and camper lease remove could and in any event,	L	Willia		eakle		Kate		Forsyth			
requires that the death certificate be executed within 24 haurs after death a physician. Signed by the attending physician and campetely filed in by the funerar signed by the attending physician and campetely filed in by the funerar burial-transit permit. Then please remove carbon papers. Pages and 2 burial, cremation, ar removal, and in any event, within 72 hours after death a burial, cremation, ar removal, and in any event, within 72 hours after death	lóo	(Hyes give w	NED FORCES? Or or dates of service)		17 INFORMANT Mrs. G. Vin	cent Hul	Addre.	St. Frederick Md			
Squres that the death certific physician. signed by the attending phys burial-transit permit. Then purial, crematian, ar removal,			y ane cause per l'ine far (a) (b),		17034 57.0.01	22/00 /100	orr C. ryans	APPROX MATE INTERVAL			
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ne deatl attendi permit. ian, ar r		437 G IMMEDIA	DUE TO. OR AS A CONSEQUE	-	SITTOSCITCICOS	1.6		recene			
the chit be atticulated	L	Conditions, if ony, which gave)	,		Tunny T	am Dicas	0.0	5 years			
that in. by t ans rem	L	rise to immediate cause (a),((b) Arteriosclerotic Vascular Disease 5 years UE TO, OR AS A CONSEQUENCE OF								
quires the physician signed by burial-trai	L	last.	ast. (c)								
equires that the physician. signed by the burial-transit	L	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH	BUT NOT R	ELATED TO THE TERMINAL	DISFASE OR CONDI	TION GIVEN IN PART 1(a)				
Moding been diar tall	NO										
The low restricted and the seen seen the prior to	SE	19a, DATE OF OPERATION 19b.	ONDITION FOR WHICH OPERATION	WAS PERFOR	MED 20a. AUTOF	20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING					
Y after a see as the property X	CERTIFICAT				YES 🔲	NO 🗔	CAUSES OF DEATH?				
AN: Il or cate or us		21th. ACCODENT WAS UNDERLYIN The properties of death		Vana	21c HOW INJURY OCCU	JRRED (Enter natu	ire of injury in Port 1 or Pa	rt 2 Item 18.)			
of the state of th	MEDICAL	(If either, notify medical examin	er) P.M.	19							
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar ta		21d INJURY OCCURRED 21e. While Nat while of work	PLACE OF INJURY (AT HOME FARM, ST OFFICE BUILDING, I	REET, FACTORY, TC	21f LOCATION Street	or R F.D. Na	City or Town	County State			
NG Vy the feet of the fate		220. I certify that (I) (the	s hospital) attended the di	erensed f	10m 6-17-	19.68	to 6-28-	19.69 that (I) (wa) lost			
NDI Sd b		sow the deceased of	ive on 6-23-	196	2, and that in (my) (our) opinion	deoth occurred on th	, 19 <u>69</u> , that (I) (we) lost e date and hour and from the			
TITE ding the		couses stored obove	, (۱) (سم) (طنط) (did not) viev	v the body	y ofter deoth.						
OR A De ret De Reconstruction of the ret of the second of		22b SIGNATURE	501 × 1	7	ATTENDING	G MED.	STAFF C	22c. DATE SIGNED			
be be lifed		22d PHYSIC AN S	IN NUN	7	DEGREE PHYS	DIRECTO	OR PHA2"	6-30-69			
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the			E. W. Ditto, Ir	. 2	15 W. Washi		Hagerstow	m, Md.			
HO Be	23 a.	BURIAL, CREMATION 236 D			TERY OR CREMATORY	23d	LOCAT ON (City or Town)	(County) (State)			
22 25		REMOVAL (Specify) 7			n Cemetery		gerstown-Was	hington-Md.			
VR A15 (4)	24.	FUNERAL DIRECTOR	C. GVONCY-	DRESS		2Sa REC'D BY REG	ISTRAR 25h REGIST	ARS SPINIL PROBLEM			
45M 1/69		Rest Haven Fun	eral Chapel H	agers	town, Md.	DATEJUL	2 1300 F	0 0			



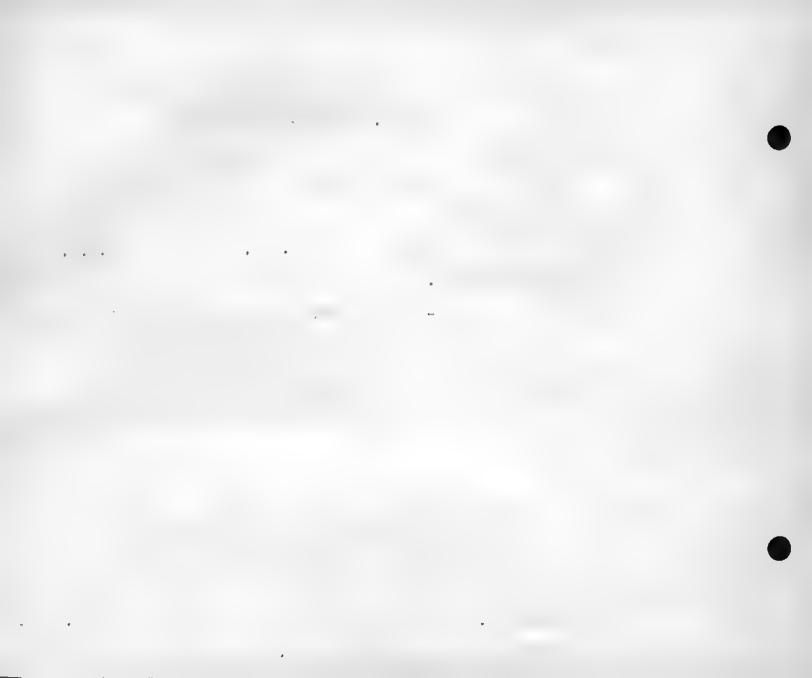


1	119(161 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									090	09053		
/	Item13 FilmC413 6/20/69 kk CERTIFICATE OF DEATH									000	0.0		
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death.		OULLA		AY BELLE		MOLLER		JUNE		69	11:100		
書	3 SE		4 RACE			S. DATE OF B			6. AGE (In years lost birthdoy)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		
2 2 2 2	_	FEMALE	WHITE		•		ARY 15,		TKS.				
hours . Po	COUL	BIRTHPLACE (State or foreign stry)	7b. CITIZEN OF WHAT			NEVER MAI	KILLD	COUNTY OF					
24 led n 72	10. 0	PENNSYLVANIA ITY OR TOWN OF DEATH	U.S.A	E OF HOSPITAL OR INS	WIDOWED	77	RCED		NGTON (Kind of work done	126 KIND OF	Md Discourse on		
* 重電調が			give stre	et oddress) LON MANOR	ATT DE	ENTO TOB	during most		life, even if retired)	INDUSTRY	DOSIMESS OK		
	130	IAGERSTOWN USUAL RESIDENCE (Where deceos	ed lived, if institut or	. Residence before	13c CITY OF	LING HOP	13d INSIDE CITY LIM T	7 13a ST	REET AND NUMBER H	oto7 474	nachan		
uires that the death certificate be executed hysician. gned by the attending physician and cample urial-transit permit. Then please remave caurial, crematian, arremaval, and in any event	odm	ssion) STATE MARYLAND	136 COUNTY WA	SHINGTON	HAGE	RSTOWN	YES NO	AV.	ALON MANO		aydiner.		
e execut and cam remave n any ev	14 1	FATHER S NAME First	Middle	Losi		S. MOTHER S M	AIDEN NAME First		Middle		Lost		
ate be cian ar ease rr and in	<u> </u>	PETER	en soasses la	GREEALUN	_	INIPARA INIT	CAL	ESTA			DLER		
ertificate be exe physician and or nen please remo taval, and in any	160 1	WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (1 yes sive w	or or dates of service)	D FORCES? 16b SOCIAL SECURITY N			700				AddressBRIARCLIFF DR		
hat the death certifi n. y the attending phy ansit permit. Then emation, ar remava						RS LOUI	SE WAGAI	1AN	HAGERSTO	APPROXIA	TAND MATE INTERVA.		
he death ce attending permit. Th		18. CAUSE OF DEATH (Enter on PART 1 DEATH WAS CAUSE!	RY-								NSET AND DEATH		
dea dea tten tten ', ar		4/ IMMEDIA		rebral	nemo	rr nage	-			I We	eek		
the d		Conditions, if any, which gove		A CONSEQUENCE OF Opertens	1370	na nd 1 c	TIOSON.	an A	2020	20 yr.			
that an. by th iransi		rise to immediate couse (o), (stating the underlying couse(DUE TO, OR AS	A CONSEQUENCE OF	arte	rioscl	erotic	ar u	Lacase,	20 11			
Vires the system of the system		lost.	(c)			. = 000							
2 2 equires that to physician. signed by the burial-transit burial, cremas		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTION	IG TO DEATH BUT NO	OT RELATED T	O THE TERMINA	IL DISEASE OR CON	DITION GIVE	N IN PART 1(o)				
	8	•		* 4.									
AN: The law ratending at at attending icate has been for use as the Health priar ta	CERTIFICATION	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICE	I OPERATION WAS PER	RFORMED	20o. AUT0			YES, WERE FINDINGS (OF DEATH?	ONSIDERED IN C	ERTIFYING		
are be be	FRIF	210. ACCIDENT WAS UNDERLYIN	G 21b TIME OF I	I IDV	les II	YES _				1. 303			
al al al for the Heat	3	OR CONTRIBUTING CAUSE OF DEAT	H HOUR AM	Month Doy Yeor	ZIC F	IOW INJURT QC	EUKKED (Enier ni	oture ot inju	ry in Port 1 or Port 2,	trem 16.)			
PHYSICIAN e haspital c nis certificat tached for	WED	(If either, notify medical examinated 11d. INJURY OCCURRED 21e.		19 HOME FARM, STREET, FAC		OCATION Stra	et or PED No.	City	or Town	County	Stote		
O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached for us shauld be filed with the State Dept. af Healt		of work of work	PLACE OF INJURY (A					·		,			
by the by the lifter t		22a. I certify that (I) (th saw the deceased a	s Kospiia] atten	ded_the_decease	d fram_	4.1	, 19_2	Z, ta_J	une 12, 19	_69, that	(I) (XXX) last		
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OR De re 3 ed w		197	Vuenda-	hur.	DEG	REE PHYS.	NG DIRE	CTOR	STAFF DHYS.	5/13/69			
may be RAL DIR Poge be filed		22d. PHYSICIAN S				22e. ADI							
O HOSPITAL Page 4 may O FUNERAL director, pag shauld be fi			B. KNEPS						ST., HAGE				
O HOSPI Page 4 m O FUNER director, shauld b	23o.	BURIAL, CREMATION, 23b. I REMOVAL (Specify)		23c NAME OF (CEMETERY OR	CREMATORY	2	23d. LQCATIC	IN (City or Town)	(County)	(Stote)		
5- 5- 2	24	BURIAL (Specify) FUNERAL DIRECTOR	/14/69	ROSE H	HLL C	<u>emeriery</u>	25q, REC'D BY F		STOWN WAS		MD.		
VR A15 (4) 30M REV 1/68	24.	Leiles m Kares	ra H	AGERSTOWN	. MAR	YLAND	JUN 1	7 196	9 Juliani	so freda	L.		

MAKTLAND STATE DEPARTMENT OF REALIN

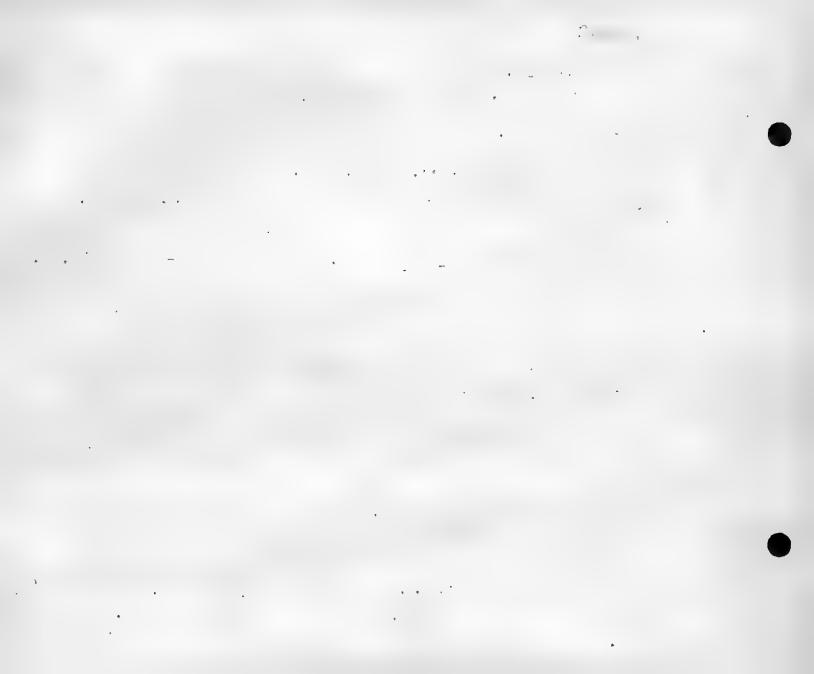


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09062 CERTIFICATE OF DEATH 09054 and 2 death. executed within 24 hours after death unerol PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) Maryland Washington o. COUNTY Washington MARYLAND c, LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carograte limits, write RURAL and a ve nearest town) b CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) corbon papers. Years ent. within 72 hours 2 Hrs. RFD-1 Big Spring Hagerstown e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS and completely filled NON Washington County YES NAME OF Middle 4. DATE Doy Month Year DECEASED 169 June John Calvin Mongan DEATH Type or print) AGE (In years IF UNDER 1 YEAR 1F UNDER 24 HRS SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours WIDOWED DIVORCED Whi te Male 10c. USUA., OCCUPATION (Give kind of work done during most of working ife, even if retired) 12. CITIZEN OF WHAT 10h, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? Trucking pleose the ottending physician sit permit. Then pleose Wash. Md. TI.S. requires that the deoth celtuficate 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, or removal, John Calvin Mongan Sr. Rose Smith Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 214-16-0868 Mrs. Rose Mongan RFD-1 Big 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART 1. DEATH WAS CAUSED BY-DNSET AND DEATH Mnocand IMMEDIATE CAUSE (6) DUF TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to l WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of Item 18.) OR CONTRIBUTING TAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (County) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year foctory, street office bldg-etc) TO HOSPITAL OR ATTENDING ot work L... 21. I certify that (1) (this hospital) attended the deceased fram 6-15, 19-67 to 6-15, 19-67 that (1) (we) tast saw the deceased alive an 10-15 19-67 and that death accurred at 2.140 PM, fram causes and an the date stated above 10-15 19 6910 6-15 19 69 that (1) (well tast saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. M.D. PHYS DIRECTOR ADDRESS 22c. PHYSICIAN'S Poge 4 moy NAME (Type) ECCATION (City or Town) 230. 8UR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b DATE THEREO RBACHAL EPECITY 18, 69 Md. Rose Hill Cemetery Hagerstown Wash. 2Sb. REGISTRAR S SIGNATURE ADDRESS 250 RECD BY REGISTRAR Klowley Judge Clear Spring, Md anUN 1969 Inompson Home Funeral



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09063 09055 CERTIFICATE OF DEATH 2b HOUR 1. DECEASED NAME Middle Lost 20. DATE OF DEATH First death. reguires that the death certificate be executed within 24 hours after death and (Type or print) Month one completely filled in-by the funeral remove carbon papers. Pages 1 and nay event, within 72, 25, 15 after death 1969 June Annabelle Moore 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years lost birthday) MONTHS HOURS 10/15/00 Female White 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED West Virginia WASHINGTON WIDOWED F DIVORCED ! USA 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR quye street oddress)
WESTERN MD. STATE HOSPITAL during most of work ng life, even if refired)

Waitress INDUSTRY HAGERSTOWN 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE Brunswick 13e, STREET AND NUMBER day event YES DC NO T 9 W. Potomac St. Brunswick Maryland 14. FATHER'S NAME Middle First Middle 15. MOTHER'S MAIDEN NAME First signed by the attending physicion and buriol-transit permit. Then please rem buriol, cremotian, or removal, and in da Whittington George Kave Bessie Mrs. Virginia Cooper - Pineville, Pa. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes, no, or unknown) 215-26-8339 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Pulmon ary BETWEEN ONSET AND DEAT Pulmonary embolism 1 hour DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Left Phlebothrombosis, leg 1 week rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse; 7 months Carcinoma of stomach PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Arteriosclerotic heart disease detached for use as the te Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a, AUTOPSY? CAUSES OF DEATH? YES E NO 🖂 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year director, page 3 should be detached should be film with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (the chargetol) oftended the deceased from April 24, 1969, to June 5, 1969, that (I) (see) last sow the deceased alive on June 5, 1969, and that in (my) (soa) opinion death occurred on the date and hour and from the causes stoted above, (1) (did) (diamen view the body ofter deoth. 22c. DATE SIGNED 22b SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS 6/5/69 DEGREE 22e ADDRESS Western Maryland State Hospital 22d. PHYSICIAN S NAME (Type) Chong Choon Han, M.D. 1500 Pennsylvania Ave. Hagerstown . Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town), (County) (Stote) 23b. DATE 230 BURIAL, CREMATION, REMOVAL (Specify) 10H-910 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Milesules Judge 1969 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 09064 09056 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME Middle First 2a DATE KNOWN DE (Type or Print) OF ESTI DEATH MATED Signey ROBERT MORRIS 3 to Page 4. RACE 6. AGE (In years IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX 5 DATE OF BIRTH Day white May 12, 1912 Year June 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIEDO NEVER MARRIED 9 COUNTY OF DEATH Washington County WIDOWED DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done IQ CITY OR TOWN OF DEATH Western Maryland St. Hosp. Hagerstown BALTIMORE, Md. 130 USUAL RESIDENCE (Where deceased lived, f institution. Residence before 13c. CTY OR TOWN 13e STREET AND NUMBER Jakona Pk. 7016 Sugare Avenue tem 18. YES R NO 14. FATHER S NAME IS. MOTHER'S MAIDEN NAME Margaret Morris poges IAH SOCIAL SECURITY NO 17 INFORMANT 301 W. PRESTON STREET, (Yes, na, ar unknawn) Lorene Morris. 7016 Sucamore Avenue 578-01-9519 2 € APPROXIMATE INTERVAL 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH within permit. PART I DEATH WAS CAUSED BY. RESPIRATORY FAILURE (ATELECTASIS) IMMEDIATE CAUSE (a) OF RIGHT KIDNEY WITH ONE YEAR DUE TO, OR AS A CONSEQUENCE OF event 1 TO VERTEBRA **buriol-transit** Conditions, if ony, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF PINAL CORD COMPRESSION ОПУ stating the underlying couse ⊆. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal, CERTIFICATION beaused 19a DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T NO 21g EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B) 21b TIME OF INJURY Month, Day, Year 0 3 should HOUR A.M PRIMARY TOR CONTRIBUTING cremotion. CAUSE OF DEATH 21e. PLACE OF NIJRY (At home, farm, street, 21f. LOCATION Street or R F.D. No. City or Town County State factory, office building, etc.) MOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy tx 1. Inspection [Inquiry and in my apinian burial, Natural causes Accident . death resulted from. Suicide Hamicide Undetermined manner e funeral director CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MED CAL EXAMENER SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** NAME (Type) 215 W. Washington Street Ury, tow Hor County 23a BURIAL (REMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) REMOVAL (Specify) Parklaun Cenetery Rockville. BULLER 250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME Inc. Silver Spring.

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09065 09057 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED NAME First Middle Last 2b HOUR signed by the attending physician and campletely filled in <u>Extre</u> funeral burial-transit permit. Then please remove carban paper. <u>Pages 1 and 2 burial-transity or removal, and in any event, within 72 hours after death.</u> Month 23 (Type or print) WILLIAM RICHARD MULLENIX, SR. JUNE p M 4. RACE 5 DATE OF BIRTH 3. SEX 6 AGF (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthday) MONTHS HOLRS AUGUST 16, 1901 MALE WHITE YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED WIDOWED [7] U.S.A. DIVORCED [WASHINGTON 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPAT ON (Kind of work done 1D. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address) ROUTE #1 during most of working life, even if retired) INDUSTRY KNOXVILLE B & O RETTRED PIPE FITTER RR 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before \$13c, CITY OR TOWN 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER 13b. COUNTY NO-YES 📑 WASHINGTON KNOXVILLE ROUTE Middle 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle requires that the death certificate be-**JACOB** MULLENIX GERTRUDE WIEBEL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address ROUTE #1 Yes, na. or unknown) 214-09-1723 MRS MAY L MULLENIX KNOXVILLE, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarct DUE TO, OR AS A CONSEQUENCE OF Coronary atherosclerosis Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause generalized arteriosclerosis PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept at Health priar tall Viral Gastro-enteritis 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO Ed none 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH (If either, nately medical examiner) HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County While Not while at work 22a. I certify that (I) (threshold) attended the deceased from Aug., 19.61, to June 23, 19.69, that (I) (XX) last saw the deceased clive an June 21, 19.69, and that in (my) (XX) opinion death accurred on the date and hour and from the couses stated above, (I) (XX) (did) (Addat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR **ATTENDING** 6/24/69 DEGREE 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 302 N POTOMAC ST., HAGERSTOWN, MD. H R TRITCH, JR. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) 6/26/69 ROSE HILL CEMETERY HAGERSTOWN WASHINGTON MD 25b. REG STRAR S SIGNATURE 25a. REC'D BY REG STRAR VR A15 (4) 30M REV, 1/68 HAGERSTOWN, MARYLAND DAULUN 3 0 1969









DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09060 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle 2a DATE KNOWN Month Doy Year (Type or Print) ESTI-RAYMOND June 30 LEE MYERS DEATH MATED X 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD last birth March 31 1930 White Mala YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Marvland Washington U.S. Washington WIDOWED [7] DIVORCED [7] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OF TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Hagerstown KUKAL give Carrier Shop Road Hagerstown model tracked even if refined) Roads pages land 2 with the 130 USUAL RES DENCE (Where deceased I ved, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY Washington Hagerstown pencl in Item 18. YES NO X Garris Shop Road after 14 FATHER'S NAME Last IS MOTHER'S MAIDEN NAME First Middle Kesselring Hubert Mazie Myers hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) Korean War 220-30-9151 Mr. Hubert Myers Jr. Funkstown File 72 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) permit PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Gunshot wound of upper rt. quadrant of Instant DUE TO, OR AS A CONSEQUENCE OF abdomen at costal margin right of Conditions, if only, which gave (b) nipple line. use to immediate couse (a), writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 (removal, nsed 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO X pe p 21g EXTERNAL CAUSE WAS 0 21b TIME OF NJURY Month, Dov. Year 21c HOW INJURY OCCURRED (Enter nature of mury in Port 1 or Port 2, Item 18.) 3 should PRIMARY TOR CONTRIBUTING cremotion, P.M.June 30.1969 Shot by wife. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.E.D. No. City or Town County State foctory, office building, etc.) may be retoined for your FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK R.F.D. 3. Hagerstown. Washington, Md. 22a I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry . and in my opinian Natural causes Suicide 🗍 Hamicide X Undetermined manner deoth resulted from: Accident CRIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO 5 m TO FUN Health **EXAMINER'S** W. Ditte. Jr. NAME (Type) 215 W. Washington Sty townagerstown. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION (County) (State) July 3-69 Greenlawn Cometery Williamsport, 24 FUNERAL DIRECTOR ADDRESS 25a REC'D BY REG STRAR 25b REGISTRAR'S SIGNATURE Olliante Indal Mr. Albert L. Legf Williamsport, Md. VR A15ME (5) 1969 DATE

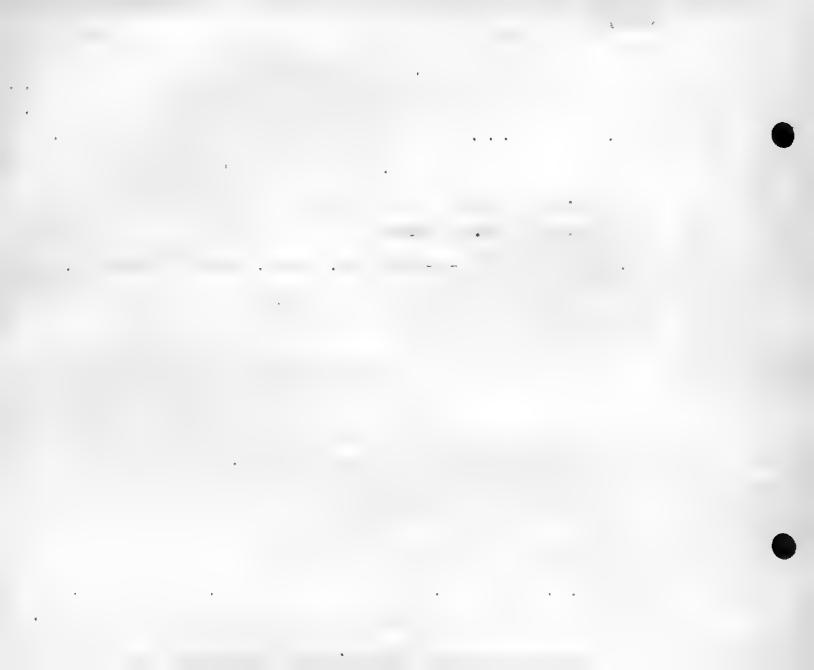
MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH 09862 Itom#04. FilmGhlh 7. MEDICALTEXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle 20 DATE KNOWN X Month Yeor (Type or Print) OF ESTI-June 29, 1969 Maude Navler DEATH MATED 4 RACE & AGE (In years F JADER I YEAR F UNDER 24 HRS 2c. DATE PRONOUNCED DEAD S DATE OF BIRTH 80 YRS 11/11/1888 White Female 7a BIRTHPLACE (State or foreign 7b. CT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country Penna. WIDOWED T U.S.A. DIVORCED [Washington Co. 120 USUAL OCCUPATION (Kind of work done | 12b KIND OF BUS AFSS OR during most of working the even if retired | INDUSTRY HOSPItal Nurse's Aid Victor Cullen 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital death give street address)
Washington Co., Hospital Hagerstown BALTIMORE, MA poges lond 2 with I Jo USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c STOR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY Washington Highfield 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Charles . P. Alice McClain Cline 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS 301 W. PRESTON STREET, (Yes, no, or unknown) 219-36-2829A Mrs. Harry E. Harbaugh, Highfield Md. File 72 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Arterioscleratic Heart Disease
Several years event within BETWEEN ONSET AND DEATH permit. DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave (b) Congestive Heart Failure
DUE TO, OR AS A CONSEQUENCE OF rise to immediate couse (a). This cert, ficate should writing the word stating the underlying couse (c) Fracture Of Left Pubic Bone & Ischium ll day!s .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDUT ON GIVEN IN PART 1(a) removol, 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO 🗔 YES 🗀 the certif cate, 3 should be 21a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter, nature of injury in Part 1 or Part 2, Item 18) 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING shauld HOUR A.M. P.M 6-18- 19 69

21e PLACE OF INJURY (At hame, form, street, factory, office building, etc.) cremotian, CAUSE OF DEATH Fell in her home. 21f LOCATION Street or R F D. No. 21d INJURY OCCURRED City or Yown the funeral director. Page 4 Highfield, Washington, Maryland 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection x Inquiry , and in my apintan Natural causes 🕝 , Accident 🔲 , Suicide 🗍 , Hamicide 🗍 Undetermined manner 🔲 death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED June 30, 1969 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 5 may TO FUNE Health NAME (Type) WASHINGTON St. or county) 23d LOCATION (City or Town) REMOVAL (Specify)
Burial Burial 7/2/69 Bethel Lantz
24 FUNERA. DIRECTORY FUNERAL Home, South SSBroad Street 250 RECD BY REGISTRAR Lantz #1. Md. Frederick 256 REGISTRARS S GNATURE VR A15ME (6) Waynesbore Pa.



1 2		09072		301 W. PRESTON STREET, BAI		
		03012		ERTIFICATE OF DEATH		09663
deorf		CEASED-NAME First (pe or print) FLETCHE	Middle R NOWELL	lost OVELMAN	JUNE Month 28 Day	69 Year 2b HOUR 8 a.m.
5	3 SE	MALE	4 RACE WHITE	S DATE OF BIRTH MARCH 11, 1	.889 6 AGE (in years lost birthday) 80 YRS.	FUNCER 1 YEAR 15 UNDER 24 HRS. MONTHS CHAYS HOURS MIN
	70. 8 caun		U.S.A.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH WASHINGTON	Md
>	1	TY OR TOWN OF DEATH LAGERSTOWN	11. NAME OF HOSPITAL OR IN: give street oddress) 615 W CHURCI	STREET RET	UAL OCCUPATION (Kind of work done mast of warking life, even if retired) TRED MACHINIST	12b, KIND OF BUSINESS OR INDUSTRYLANDIS
-1	13a. odmi	USUAL RESIDENCE (Where deceased sisten) STATE MARYLAND	l Lved, if institut an. Residence before 13b. COUNTY WASHINGTON	13c CITY OR TOWN 3d INSIDE CITY		STREET
/	14 F	ATHER'S NAME First	Mildie Fasi	IS. MOTHER'S MAIDEN NAME		Lost
	27	WILLIAM	C OVELMA			KUHN
		WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (If yes give wor	D FORCES? or dates of service) 183-07-4	L .		
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per me for (o), (b), and (c).	11:	2 /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			DUE TO, OR AS A CONSEQUENCE OF	and there	Myre	unk
burial, cremation, or removol, and in ony event,		stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (c) OTHER CONTRIBUTIONS TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	DCONDITION GIVEN IN PART I(A)	
	NO	acre	enleged a	Cherosch	ra	SUCHE DE IN CONTROL
2	CERTIFICATION		Didition for which operation was pe	YES NO		
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (If either, natify medical examine	HOUR A.M. Month Day Year P.M.	,	ter noture of injury in Part I ar Part 2, I	
	W	at work at work	LACE OF INJURY (AT HOME, FARM STREET, FAR OFFICE BUILDING, ETC			County State
		22a. I certify that (1) (M)'s saw the deceased all couses stated above,	ve on (i) (did not) view the	ed from 10 19 9 1, and that in (my) (6%r) a body after death.	ob, to Jewe 21, 19 pinion death occurred on the do	
		22b. SIGNATURE	& Park	DEGREE PHYS	AACD CTAFF	DATE SIGNED 6/30/69
		Lawren				
1		22d. PHYSICIAN'S NAME (Type) LAWRE.	NCE L PACKER, JR.		HINGTON ST., HAGERS	
,	230	22d. PHYSICIAN'S	ATE 23c NAME OF		HINGTON ST., HAGERS 23d LOCATION (City or Town) HAGERSTOWN, WASH	(Caunty) (State)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED NAME (Type or pnmi) BERTHA EMMABELLE PANGLE S DATE OF BIRTH S EPT 21 1885 TO BIRTHPLACE (Stote or foreign country) Virginia U.S.A. White S DATE OF BIRTH OUT OF TOWN OF DEATH U.S.A. WIDOWED D DIVORCED Washington Mad 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (II not in hospitol diving Plass of warking life, even if retired) Jackson Conv. Home Out S Washington Washington Maryland Is KIND OF BUSINESS OR NOUSEN'S MAN PASS DECEASED EXTER IN US ARMS First Middle Lost Is MOTHER'S MANE First Annie Mills Charles Stafford Is COUNTY OF DEATH WILDOWED D DIVORCED Washington Washington Mad Out S Washington VES NO 203 Roessner Ave Is COUNTY OF DEATH WILDOWED D DIVORCED Washington Mad NOUSEN'S MAN MOUNTS HOMES MANE NOUSEN'S MAN NOU
Defeased Name (Type or pnmt) BERTHA EMMABELLE PANGLE June 4 1969 Yeor 720 A 720
Sex A RACE S DATE OF BIRTH Sept 21 1885 S DATE OF BIRTH S STREET AND NUMBER
BERTHA EMMABELLE PANGLE 3. SEX 4. RACE 5. DATE OF BIRTH Sept 21 1885 6. AGE (in years list undors year has least britishod years) Sex both of beath Sept 21 1885 70. BIRTHPLACE (State or foreign country) Virginia 10. CITY OR TOWN OF DEATH Hagerstown 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of work done during mast of work inclife, even if retired) 120. USUAL RESIDENCE (Where deceased lived, funstitut an Residence before lown sign) STATE Annie Mills 134 FAIHER'S NAME First M.ddle Charles Stafford 155 MOTHER'S MAIDEN NAME First M.ddle Charles Stafford 165 SOCIAL SECURITY NO 176 CHARDEN NAME First M.ddle Lost 177 INFORMANT Address Md PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) LOSS AND TOWN OF DEATH WIDDWED WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) IMMEDIATE CAUSE (a) LOSS AND TOWN OF DEATH WIDDWED WAS DECEASED EVER IN U.S. ARMED FORCES? IND CAUSE OF DEATH (Enter only one couse per line for (a) (b) mont (s)) APPROXIMATE MITEVAL BETWEEN OMST! AND DEATH BETWEEN OMST! AND DEATH APPROXIMATE MITEVAL BETWEEN OMST! AND DEATH BETWEEN OMST! AND DEATH BETWEEN OMST! AND DEATH APPROXIMATE MITEVAL BETWEEN OMST! AND DEATH BETT HERE S DATE OF BETT HIS AND THE WAS CAUSED BY BETT HERE S DATE OF BETT HIS AND THE WAS CAUSED BY BETT HERE S DATE OF BETT BE WORTH HERE S DATE OF BETT BE WO
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To City or town of Death U. S. A. B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH NEVER MARRIED NEVER M
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Virginia U.S.A. WIDOWED DIVORCED Washington Model City Or Town of Death Hagerstown 130 USUAL RISIDENCE (Where deceased lived, f institution Residence before admission) STATE Maryland WIDOWED DIVORCED Washington Model Conv. Model
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14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Charles Stafford Annie Mills 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (s)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Windle Lost Annie Mills Address Md Address Md APPROX.MAIE INTERVA BETWEEN CAUSE MAID DEATH BETWEEN CAUSE (a) Company C
Charles Stafford Annie Mills 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 220-46-1547 Mr Lawrence M. Sweeney Williamsport 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (s)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Company Co
16b SOCIAL SECURITY NO 17 INFORMANT Address Md
16b SOE(AL SECURITY NO 17 INFORMANT Address Md
IB. CAUSE OF DEATH (Enter only one couse per line for (a) (b), one (c) OHAMPTON Rd. East APPROXIMATE INTERVA BETWEEN CHISTE AND DEATH IMMEDIATE CAUSE (a) Under the country of the co
1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) 6 Hampton Rd. East APPROX.MATE INTERVA BETWEEN CHAST AND DEATH APPROX.MATE INTERVA BETWEEN CHAST AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) BY IMMEDIATE CAUSE (a) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) BY CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) BY CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) BY CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) BY CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) BY CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a) (b), one (c) CAUSE OF DEATH (Enter only one cause per line for (a
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190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH? 21d. ACC DENT WAS UNDERLYING 21b. TIME OF INITIALY 21c. HOW INVERT OF CITIZEN PORT 2. Farter polytre of inventor in Part 2. How IA.)
YES NO CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 19 21d INITIAL OF CHARLES OF DEATH ONE EARM STREET FACTORY 1 21F LOCATION Street or P.E.D. No. (its or Town County State)
21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME EARM STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City of Town County State
21d INJURY OCCURRED 21e. PLACE OF INJURY (A HOME LARM SMEEL, SACIORY.) 21f. LOCATION Street or RFD No City or Town County State (at work at work)
22a certify that (1) (this haspital) attended the deceased from 1 10 1965 to 6 4 1969, that (1) (we) last
saw the deceased alive an 6 -3 -6 0 and that in (my) (aur) appropriate death accurred an the date and haur and from the
causes stated abave, (I) (we) (did) (did not) view the bady after death.
22b SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
DEGREE PHYS DIRECTOR PHYS LIGHT CONTROL OF THE PHYS LIGHT CONTROL OF T
226 PHYSICIAN S DEGREE PHYS DEGREE PHYS DIRECTOR PHYS 22e, ADDRESS
226 PHYSICIANS NAME (Type) 17 = WAT, 174 ST 215 W Workingto Hymnology 226 No Workingto Hymnology 227 W Workingto Hymnology 228 No Workingto Hymnology 228 No Workingto Hymnology 229 No Workingto Hymnology 220 No Workingto
22d PHYSICIAN S NAME (Type) 230 BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City of John) (County) (State)
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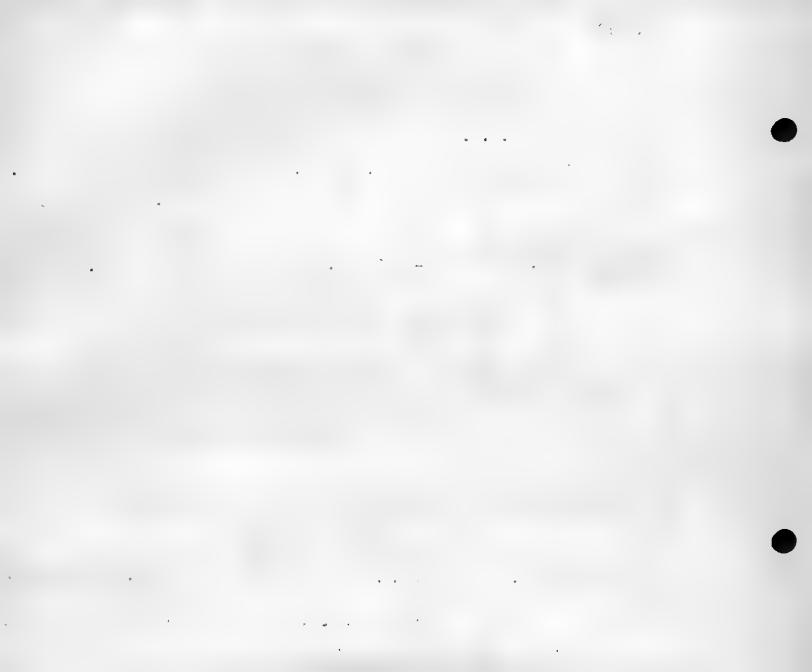
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09074 09065 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR within 24 hours after deoth (Type or print) Manth ROY HAYSE PARLETT June 1969 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n years lost birthday) E JNDER 1 YEAR DAYS July 27 Male 1886 White 82 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? burial, cremation, or removal, ond in any event, within 72 hou 8 MARRIED X NEVER MARRIED 9 COUNTY OF DEATH country) WIDOWED [7] DIVORCED [Penna IL.S.A. Washington filled i 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (finat in haspital 12a JSUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR a ve street address) during most of working life, even if retired) INDUSTRY compretely H agerstown Garlack Conv. H ame 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CTY OR TOWN Aute Mechanic
SIDE CITY CHAITS | 13e STREET AND NUMBER Retired 136 INSIDE CITY LIMITS? 13h COUNTY Washington Hagerstown NO -536 George 4 FATHER'S NAME S MOTHER'S MAIDEN NAME First Last David Hayse Cors Reed urres that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, na, ar unknawn) (If yes give war or dates of service) 214-09-7596 Mrs Beverly Shanhaltz 536 George IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) Hagerstewn Md. BETWEEN ONSET AND DEATH PART DEATH WAS CAUSED BY CONGESTIVE HEART FAILURE 6 months EMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any which gave) ARTERIOSCLEROTIC HEART DISEASE rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause) last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART I(g) CHRONIC URINARY TRACT INFECTION & SUPRAPUBIC CYSTOSTOMY TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO X 21a ACCIDENT WAS UNDERLYING 23b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d IN JRY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work at work 22a I certify that (I) (this possibility attended the deceased from 4/1 , 1967 , ta 6/7 , 1969 , that (I) (WE) last saw the deceased alive on 6/6 1969, and that in (my) (sax) apinian death accurred an the date and haur and from the be retained causes stated above, (1) (websatch (did not) view the body after death 226 SIGNATURES 22c DATE S GNED ATTENDING 6/9/69 **SEGREE** DIRECTOR PHYS 22d PHISCAN'S NAME (Type) Donald E. Martin, M.D. 363 S. Cleveland Ave., Hagerstown, Md. 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. (County) (State) Shanktown Wash Co Md Shanktown Cemetery Hagerstown Md. ADDRESS 24. FUNERAL DIRECTOR REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE ychanter you Andrew K. Coffman Funeral Home Inc



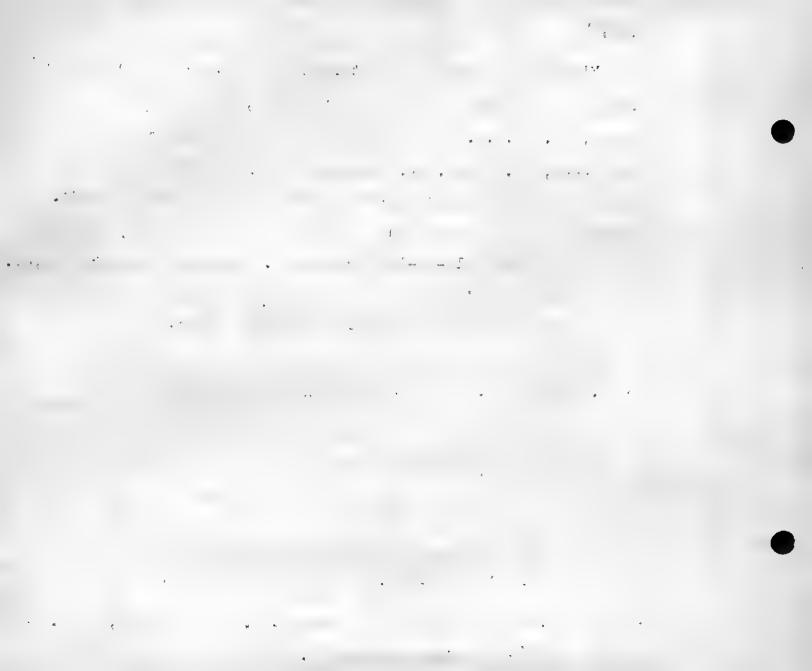
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		09075	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA		09066
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fter e fu es l ffter	3. 5	EX	4. RACE	S. DATE OF BIRTH	6 AGE (In years last birthday)	FUNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
aurs afte by the f Pages aurs afte	<u> </u>	Female	White	Sept. 24	1889 79 YRS	NORTH WAY THOUSE MAN
d a se	cau	BIRTHPLACE (State or foreign niry)	76. CIT.ZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
2 700	10	Maryland ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED	Washington	Md
			give street address)	durina	SUAL OCCUPATION (Kind of work done mast of working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
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ofe b ician fease and i	160	WAS DECEASED EVER IN JS. ARM	ED FORCES? 165 SOCIAL SECURITY I	NO 17. INFORMANT	Williamsport	4
certificate be executed within 24 haurs after death physician and campletely filled in by the funeral hen please remave carban papers. Pages 1 and 2 noval, and in any event, within 77 naurs after death		es, na, ar unknown) (4 yes give w	220-52-2	156 JZ Mark	G. Wagner, Supt.	2750 Va. Av
The second secon		18. CAUSE OF DEATH (Enter on	y ane cause per line for(a), (b), and (c)			APPROXIMATE INTERVA. BETWEEN ONSET AND GEATH
aftending ermit. Th		PART I DEATH WAS CAUSED	TE CAUSE (0) Cerel	al Hemous	11000	3 days
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equires thr physician. signed by burial-trai		lost.	(t)			
requires that the death g physician. s signed by the attendir s burial, cremation, or re		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBLTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(0)	
AN: The law requires that the death certificate be executed within 2 all ar attending physician. It is a seen signed by the attending physician and campletely filler for use as the burial-transit permit. Then please remaye carban pages the burial, cremation, or removal, and in any event, within	ĕ	190 DATE OF OPERATION 196	ONDITION FOR WHICH OPERATION WAS PE	DECORATE TO ALTOPOUR	TOOL IT WES WITHE TH DINGS CO	CIDEBED AN CERTIFICA
The loaten aften has to se as the print	CERTIFICATION	170 DATE OF OFERATION 179	ONDITION FOR WHICH OFERATION WAS PE	RFORMED 200 AUTOPSY? YES NO [20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFIENG
dr o use	CERT	210 ACCIDENT WAS UNDERLYIN	G 236 TIME OF INJURY		iter nature of injury in Port 1 or Port 2, It	am IR)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year		nor norms of injury of Port Cortain 2, in	en re.j
SING PHYSICIAN: by the haspital ar fler this certificate be detached far u State Dept. af Heal	MED.	21d. IN.BRY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.		No City or Tawn	County State
he he this this letas	l	While Nat while at wark	(OFFICE BUILDING, ETC.			,
ING by t ffer be d state		22a, I certify that (I) (thi	s haspital) attended the decease	ed from Lucy 15, 19	67, ta 6-// 196 pinion death accurred an the dat	, that (i) (we) last
END led led he S		saw the deceased a	ive an(<u>0 - / 0</u>] , (1) (we) (did) (d id not) view the l	9 69, and that in (my) (aur) a	pinion death accurred an the dat	e and hour and from the
ATT ATT Stain The Table 1		22b. SIGNATUKE	(1) (we) (did) (did nor) view life i	bady offer death.	′ 22c D	ATE SIGNED
OR ATTENDING be retained by th DIRECTOR: After t ge 3 shauld be de led with the State	Į.	/Carlo, H	· Courad, W/	DEGREE PHYS.	MED. DIRECTOR DIPHYS DI	-12-69
AL Day by the page of file		22d. PHYSICIAN S	120	22e. ADDRESS	Heavel -	40 0
TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspit TO FUNERAL DIRECTOR: After this certifi director, page 3 shauld be detached ishauld be filed with the State Dept. of		NAME (Type) / O p	ert/ Lozzrad,	7410	in Jews lowi, V	1
HO Ige FUN rect	230	BUR.AL CREMATION, 23b I	5	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
57 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				Hill Cemetery		Penna.
VR A15 (4) 45M - 1/69		FUNERAL DIRECTOR	Hagerstown	0011	BYREGISTRAN 69 256 PEGISTRARS	IGNATURE .
45M + 1/69	1	effman Funer	al Home, Inc	DATE		and the same



/ 1	Lte	om 18 Film 413 6-19 MARYLAND STATE DEPARTMENT OF HEALTH OOOD DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		09076 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	09667
HEALTH DEPT.	1 D	ECEASED NAME First Middle Last 20 DATE KNOWN Manth	
	(Type or Print) CHARLES FRANKLIN PENTZ OF EST DEATH MATED 6	7 1969 11 OM
3 to Page	3 S	EX 4 RACE S DATE OF BIRTH 6 AGE (10 years 1 F UNDER 1 YEAR 1 F UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
and 3 and 3 Page		MAIE WHITE 8/15/1913 55 yrs Days Hours Min Manty Day	Year 1969 11 8 M
5 41		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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Pages with for	10. 0	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired)	12b KIND OF BUSINESS OR
A 4 //		HAGERSTOWN WASHINGTON CO. HOSPITAL MACHINIST AI	RCRAFT MFG.
2 with the		USUAL RES DENCE (Where deceased used, if institut an Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER dmission) STATE	
			OMAC ST
Item 18 Office offer d	14 P		Łost
hin 24 ncil in Ininer's pages I hours	160	FRANK WESLEY PENTZ LAURA EVERS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 1. AURA EVERS	GOSSARD
ithin min pag	()	es, po, or unknown) (If yes give war or gotes of service)	
This certificate should be executed within 24 hourscate, writing the ward "pending" in pencil in Item 1 be forwarded to the Chief Medicol Exominer's Office be used as a buriol-transit permit. F le pages land 2 ir removal, and in any event within 72 hours after d		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) Rt, Middle	APPROXIMATE INTERVAL
should be executed ne ward "pending" is the Chief Medicol buriol-tronsit permit.		PART I DEATH WAS CAUSED BY. Thrombosis///bl/dllb/// Cerebral artery	In the f.
mdir Mec		DUE TO, OR AS A CONSEQUENCE OF and	
pe "pe "pe "pe "pe "pe "pe "pe "pe "pe "		(and trans, famy, which gave) Isse to immediate cause (a), (b) Advanced fatty metamorrhosis liver	Indef.
uld and of-tra		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho e w o th o th in		lost. (c) Acute alcoholic intoxication	Indef.
of the side of the		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	resolved.
tifica niting arder d os d os	8	(1)Advanced pulmonary emphysema (2) Old subdural hemorrhage 19d. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	- grossly
This certificate, writing the forwar be used be used	E I	WAS PERFORMED?	YES NO
NER: This certificate should be executed within 24 hours e certificate, writing the ward "pending" in pencil in Item I should be forwarded to the Chief Medicol Exominer's Office files. 3 should be used as a buriol-transit permit. F le pages 1 and 2 ation, or removal, and in any event within 72 hours after a strion, or removal.	CERTIFICATION	210 EXTERNAL CAUSE WAS 216. TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in any in Part 1 or Part 2,	
INER: T e certifica should b files. 3 should	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P,M 19	,
	MFD.	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street at R.F.D. No. City or Town	County State
JCAL EXAMINER: This certificate should be executed leose execute the certificate, writing the ward "pending" in director. Page 4 should be forwarded to the Chief Medical Estained for your files. DIRECTOR: Page 3 should be used as a buriol-transit permit. For buriol, cremation, or removal, and in any event within		WHILE NOT WHILE (octory, office building, etc.) AT WORK AT WORK	
Pograment Pogram		22a. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry [, and to my apinion
bleose ex director. etonned birector or to bur		death resulted from Natural couses 🖳 Accident 🔲, Svicide 🔲, Hamicide 🔲, Undetermined manner	
Se die die die die die die die die die di		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF	
TY, For Proof of Proof		SIGNATURE CLESS OF ALL AND ASS STANT MEDICAL EXAMINER 220 DAT	E SIGNED
DEPUTY Decessory, pl ne funerol o may be re FUNERAL I		EXAMÍNER'S NAME (Type) EDWARD W. DITTO, III, M.D. DEPUTY MEDICAL EXAMÍNER DADRESS (Street, city, tawn, ar caunty)	WASHINGTON ST.
ro DEPUTY necessory, property of the funerol 5 may be r 10 FUNERAL Health price	23n	BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d JOCATION (C+y or Town)	(Caunty) (State)
F F	100	REMOVAL (Specify) BURIAL 6/11/69 CEDAR HILL CEM GREENCASTLE	DD ARTIST TALL DA
	24	FUNERA, DIRECTOR ADDIRES 250 REC D BY REGISTRAR 755 REGISTRAR	S SIGNATURE A LA
VR A15ME (5) 10M REV 1768	10	J. Morment . Franslow M.S. DATES UN 1 3 1969 Kolian	res Judge :
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	er death funeral fand er death	3 5	Flera	4. RACE	Jane	ret	S DATE OF BIRT	Н		6. AGE (In ye	ours I IF		UNDER 24 HRS.
	4 525	,		White			Augus		1871	lost birthdo	y) YRS. MO	NTHS GAYS I	IOURS MIN.
	ST TERMS	70	Female BIRTHPLACE (State or foreign	7b. CITIZEN OF WHA	AT COLINTRY?	IR		-	COUNTY OF	DEATH 7 (1K2.		
	hod A	cou	ntrvì			WIDOWED	NEVER MARRIE	נט	Nashi				** *
	24 ape	10	Hancock Md.	U.S.A.	ME OF HOSPITAL OR II				OCCUPATION (done	125. KIND OF BU	Md Md
				alve st	reet oddress)			during most	of working li	te, even if re	tired.)	Heuse	w.v.a.sale
	with the steely will	130	Hagerstewn . USUAL RESIDENCE (Where decease		ash. Co		oital	INSIDE CITY JAM T	2 1130 CTP	LES EET AND NUM	RED	neuse	MOLK
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hosp tall ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Recess I and should be filled with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death		Waryland	13b Wash:	ington	Clear	Sprin					nd St.	
	S D S	-	FATHER'S NAME First	Middle	Last		S. MOTHER'S MAID			M	iddle		Lost
	and and in an	1	Calvin	# :	Zimmerma	n	Sarah		,	#		Winge	r
	cio cio and	160	. WAS DECEASED EVER IN U.S. ARA	MED FORCES?	16b SOCIAL SECURITY		INFORMANT				dress		
	hysi hysi al,		(es, no, ar unknown) (If yes give v	var ar dates of service)	219-54-1	1000	Walter	W. P	eterm	an C	lear	Sprin	g.Md.
	cert g p Thei		18 CAUSE OF DEATH (Enter on	ry one couse per lini	e for (a), (b), and (a							APPROXIMATE	E INTERVAL T ANO CEATH
	ath adin iit.		PART I. DEATH WAS CAUSE IMMEDI	D BY:	Uremia	,						3 wee	ks
	de atter	П	41 1	DUE TO OR AS	S A CONSEQUENCE OF								
	the the attention		Conditions, if any, which gave	Нур	ertensive	Arter	riosclero	tic hea	urt dis	ease		??	
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	The law requires the attending physician. has been signed by se as the burial-trar th priar to burial, cre		PART 2 OTHER SIGNIFICANT CO)		
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42	law endi- be st the	ATIO SATIO	19a, DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS P	ERFORMED	20a. AUTOPS	Y?	20b IF	YES, WERE FII OF DEATH?	IDINGS CON	SIDERED IN CER	TIFYING
11	The after the base of the person of the pers	CERTIFICATION	None				YES 🔲	NO 🗀					
	ar are		210. ACCIDENT WAS UNDERLYIN				IOW INJURY OCCUP	RRED (Enter n	ature af injur	in Port I a	Part 2, Item	n 18.)	
	afficial aff	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ner) P.M.		19							
	HYSI hosp tche ache	ž	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f L	OCATION Street	or R.F.D. No	City	or Town		County	State
	OR ATTENDING PHYSICIAN: be retained by the hosp.tal at NRECTOR: After this certificate e 3 shauld be detached for the ed with the State Dept. at Hea		Willing Holl Willing										
	frer frer be	П	22a. I certify that (I) (the saw the deceased a couses stated obay.	actions (in a tipe	nded the deceo	sed_from_	May 19,	19.69		e 9	, 19 <u>59</u>	, that (i) (WE) last
	ed ed he sed	ı	sow the deceased of	o (I) poss (did)x	ACXXI) view the	hody after	id thot in (my) death	(bor) opini	an deoth a	ccurred an	the dote	and hour a	nd fram the
	T table to the state of the sta	П	22b SIGNATURE	o, (1) (wo) (did) (, body and					22c DA	TE SIGNED	
	dw dw	1	60.0	D.h.	There	M. ODEG	REE PHYS.	MED DIRI	ECTOR	STAFF PHYS.] Jur	ne 10, 1	1969
	AL C	1	22d PHYSICIAN'S	Dalam				ar Spr			3 217	22	
	PIT mo	١.	NAME (Type) Arc	hie Rober	t Conen,	IVI.D.	Cle	ar spr	mig, Mi	ar yranı	U 4.17	44 44	
	TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hosp tal TO FUNERAL DIRECTOR. After this certifica director, page 3 shauld be detached for shauld be filed with the State Dept. af He	230		DATE	23c, NAME O	CEMETERY OF	REMATORY		23d. LOCATIO	N (City or Tax	vn)	(County)	(Stote)
	5 5 5 je de		REMOVAL (Specify) Rurial	/12/69	Meth	edist	Church	Cem.	Lit	tle C	eve.	Pa	
	VR ATS PLAT	24.	FUNERAL DIRECTOR	12 11	ADDRES	3	2	So REC'D BY	REGISTRAR	O 2Sb PE	STRAR 5	SNATHRE	2
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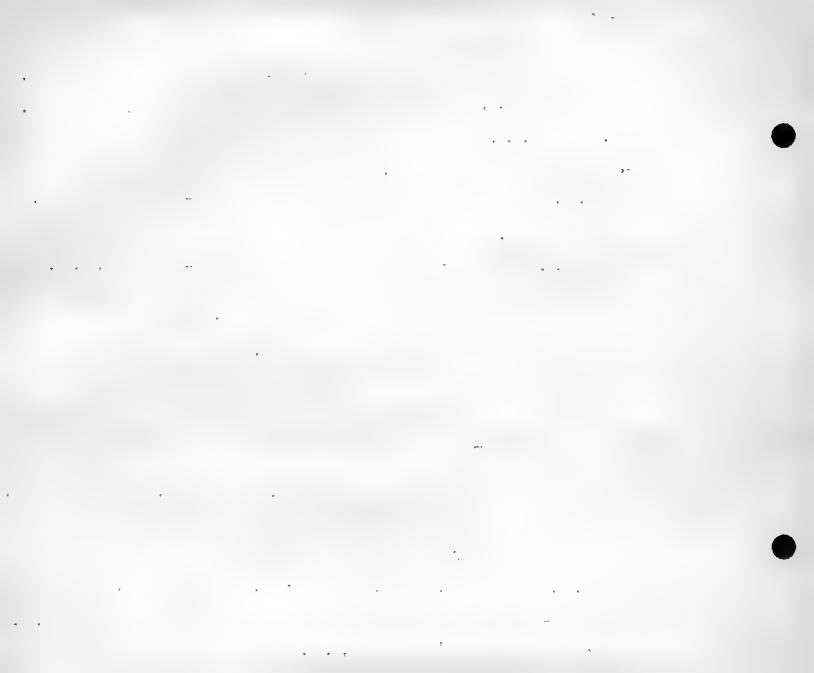
1 1			MARYLAND STATE DI	PARTMENT OF HEALTH		
FOR STATE HEALTH_DEPT.		09078	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	(09069
EACH DEFT.	1 D	ECEASED NAME (Type or Print) MARCU.	S Roy	PETRE DEA	TE KNOWN DO Month DO F ESTI- TH MATED June 1	oy Yeor 25 Hour. 24 1969 P 3 M
detay ang 3 M3 P R	3 5		BATE OF BIRTH 6 AGE in your lost bush	Y) MONTH DAYS HOURS MIN MC	TE PRONOLNCED DEAD porth Doy,	Year 169 P. M
If any of I, 2, and PM.	7o cour	2 / /	1 6 - 1 / 9 /	MARRIED NEVER MARRIED 9 COUNTY OF	ASTING F	ON Md
death le Pages with con	10	agers lown	11 NAME OF HOSPITAL OR INSTITUTE	TION (II not in hospital 120 USUAL OCCUPATION during most of water		L KIND OF BUSINESS OR
often along			ved, finally from Residence before 12.	CITY OR TOWN 3d INSIDE CITY IN IS? 13e ST	REET AND NUMBER 3 - Hageis	Town
BALTIMORI 24 hours of in Item 18 r's Office of	14. [ATHER NAME FAT PORS	Middle PETRE	15 MOTHERS MAIDEN NAME First	19 Kudo	lof:
W. PRESTON STREET, BALTIMO d be executed within 24 nours of pending in pencl in Item 1 Chief Medical Examiner's Office fransit permit. File pages 1 and 2 y event within 72 hirurs after 3	160 (1	WAS DECLATED EVER IN U.S. ARMED FORCE (1 yes give with		Roy H. Petre - N	PU3-Hage	5 burn Md
301 W. PRESTON STREET, hould be executed within ward pending in penclithe Chief Medical Exomine undertransit permit. File page in ony event within 72 him		18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY	ne couse per line for (o), (b), ond (c)) AUSE (o) Compound Frac	ture Of Skull		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH hour
W. PRESTON be executed pending in hief Medical ansit permit.		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	Sittle OI SKILL		7211041
S, 301 W. Pl should be a te ward 'per a the Chief! burial-transit		rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			
		PART 2 OTHER SIGNEFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE OR CONDITION GIVEN	€ IN PART 1(o)	
# Y '. 5 ^ = E	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH WAS PERFORMED?	OPERATION		20. AUTOPSY? YES NO
표 설로 필요	AL CERTI	210. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING	21b. TIME OF INJURY Month, Doy, Yeor HOUR AND	21c. HOW INJURY OCCURRED (Enter nature of in		
EXAMINER: Ute the certific uge 4 should be your files. Your files.	MEDICAL	WHILE THOT WHILE FOR FOCTORY	E OF INJURY (At home, form, street, office building, etc.)		ty or Town	County State
_ 3 4 5 £ 7		22o. I certify that I took	charge of the remoins described o	pove, held an Autopsy, Inspectio		and m my aprion
MEDICAL please exe director. F per		15	Natural causes , Accident :	, Suicide , Hamicide , Un CHIEF MEDICAL EXAMINER	determined manner	
TY. P.		ACTUAL SIGNATURE EXAMINER'S	1 A May	M D ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	June 2	5, 1969
10 DEPUTY hecessary, the funito 5 may be 70 FUNERAI Health pil	230	NAME (Type) Dr. E. W	Ditto, Jr. 2	15 V. WashPHE Con (18 town, or every or whater 23d LOCAL)		d. (Store)
	24	FUNERAL DIRECTOR	127/69 Keitt	Church CM. a Deso RECD BY REGISTRAR		
VR AISME (1)	1	LG- Venn	vels-GREENC	WATTE /4 DIUN 3 0 19	69 Actionla	y judge.



5 v 1	09079		DS, 301 W. PRESTON STREET, B		0.0
	08073		CERTIFICATE OF DEAT	H	09070
death	DECEASED NAME (Type or print)	First Middle Pauline Catheri	ne Davis Philpot	20 DATE OF DEATH D June Month 8	2b. HOUR P
fun fun	3. SEX	4. RACE	S. DATE OF BIRTH	6 AGE (In years	JF UNDER 'YEAR IF UNDER 24 HPS.
urs after death	Female	White	3/26/11	[last hirthday)	MONTHS DAYS HOURS MIN
hour Pour	To BIRTHPLACE (State or forei	gn 7b CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24 the sed in uppers	(ountry) Maryland	USA	WIĐOWED 🔀 DIVORCED 🗌	WASHINGTON	Md
within within poor within	HAGERSTOWN	g ve street oddress) WESTERN MD	STATE HOSPITAL	USUAL OCCUPATION (Kind of work doning most of working life, even if retired desk clerk	12b. KIND OF BUSINESS OR INDUSTRY
The law requires that the death certificate be executed within 24 hours after a attending physician. has been signed by the attending physician and campletely filled in by the fun se as the burial-transit permit. Then plagse remave carban papers, Pagge Not the priar to burial, cremation, or removal, and in any event, within 72 hours mer.	130 LSLA. RESIDENCE (Where odmission) STATE Marvland	deceased lived, if institution Residence before the country Prince George's	THE TRE CITY OF TOWN 34 INCHE	(ITY JIMITS? 13e STREET AND NUMBER	
ond camp remave	14. FATHER'S NAME First	Middle Los			Lost
2 5 5	Arthu	S. Da	vis	Lillian	Rhodes
physican physican en plegse oval, and i	160 WAS DECEASED EVER IN U Yes, no, or unknown) (If	J.S. ARMED FORCES? yes give war or dates of service) 16b SOCIAL SECUR 578-09-5		Ave., Numer n D. Hershman, Sis	Wash., D.C.
equires that the death certific physician. signed by the attending phys burial-transit permit. Then puburial, cremation, or removal,		nter only one couse per line for (o) (b), and			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
he death ce attending ! permit. The	PART I. DEATH WAS	CALCED BY	ory failure		1 week
atte	3	DUE TO OR AS A CONSEQUENCE			
the the sit is	Conditions, if only, which		oronchitis		3 years
that that the by the transit cremat	stoting the underlying		OF		
equires physicic signed burial-ti burial, c	last	, (1)			
equire l physic signed burial		INT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(0)	
diw rading open the arto	Multipl 190. DATE OF OPERATION	e sclerosis 195 CONDITION FOR WHICH OPERATION WAS	PERFORMED 200 AUTOPSY?	AND ALL WAS THERE ENGLISHED	CANCERPORD IN CONTRACTOR
AN: The law re all ar attending icate has been far use as the Health priar to	190. DATE OF OPERATION	,		CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
A: The arr at the hor use rathh	210. ACCIDENT WAS UND	DEREYING 216 TIME OF INJURY		Enter noture of injury in Port 1 or Port 2) Item 18)
CIAN oital o tificat difficat af far	S ☐ OR CONTRIBUTING ☐ CAUSE (If either, notify medical 21d IN ILIRY OCCURRED	EDF DEATH HOUR A.M. Month Doy Y exominer) P.M.	eor 19		, , , , , , , , , , , , , , , , , , , ,
TO HOSPITAL OR ATTENDING PHYSICIAN: The law range 4 may be retained by the haspital an attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to	21d INJURY OCCURRED While Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC		No City or Town	County State
DING by the (fter the be de State	22o. I certify that	(this hospital) attended the dece	osed from Sept. 12 , 1	966 to June 8 , 1	9_69, that (I) (NOTE) ast
ATTENDING etained by th CTOR: After t shauld be di	sow the deceo	(this hospital) attended the dece sed alive on June 8 obove, (1) (308) (did) (did3334) view t	_19_69, and that in (my) (our)	opinion death occurred on the	dote and hour and from the
OR ATTENI De retained SIRECTOR: A e 3 shauld ed with the	22b. SIGNATURE			22:	c. DATE SIGNED
OR DIRE		Domingo V. Garces	DEGREE PHYS	MED. STAFF DIRECTOR PHYS. B	6/9/69
MAI I	22d PHYSICIAN S NAME (Type)	Oomingo A. Garcia, M	22e ADDRESS W	estern Md. State H	lospital,
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the				nsylvania Ave., Ha	
Page Adrec	230 BURIAL, CREMATION, PEMOVAL (Specify) Burial		of CEMETERY OR CREMATORY Lincoln Cemetery	23d. LOCATION (City or Town)	
	24 FUNERAL DIRECTOR	JOSEPH GAWLER'S SON, IMPOR		D BY REGISTRAR 25h REGISTRAR	rince Georges Co
VR ALS JAMA		WISC. AVE. M. W. WASH. D. C. 2	DATE DATE	D BY REGISTRAR 25b. REGISTRAR	Han Cordan

BEARVEAUN CTATE DEDARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH 09080 FOR STATE 09071 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. L DECEASED NAME Middle Lost 20 DATE KNOWN DO Month (Type or Print) EST1ay is 3 ta Page June Francis .Jr. DEATH MATED 1969 Earl Reid 6 AGF (In years 20 DATE PRONOUNCED DEAD 100 3 SEX 4 PACE S. DATE OF BIRTH last birthday) pup P.M.3 Ma1e White Dec.7.1928 40 Ony pari To BIRTHPLACE (State or foreign 7b. C TIZEN OF WHAT COUNTRY? MARRIED IN NEVER MARRIED 9 COUNTY OF DEATH Ci country) Penna. De along with farm WIDOWED [DIVORCED [U.S.A. Washington Give Pages with the State 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hoso to) 120, USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) Hagerstown Hagerstown Washington County Hospital
130 USUAL RESIDENCE (Where deceosed I yed, if institution Residence before 13c. CTY OR TOWN 13d. April Welder 13d. Na DE CITY E M TS7 13e STREET AND NUMBER Berkeley odmission) STATE W.Va. 1107-1/2 Winchester Ave. YES NO Martinsburg 100 Lond 2 Middle 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Lost First M.ddle un/tem Amelia Anna Treese in pencil in/ |Examiner's (Ear1 Reid 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT PRESTON STREET, (Yes, no, or unknown) (If yes give wor or dates of service) 235-32-0895 Miss Anna Louise Reid-Morgantown. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY This certificate should be executed BETWEEN ONSET AND DEATH permit. the certificate, writing the word "pending" it should be forwarded to the Chief Medical IMMEDIATE CAUSE (6) Shock Ha hours DUE TO, OR AS A CONSEQUENCE OF Due to severance of Rt. femoral event buriol-transit Conditions, if ony, which gove (b) artery & vein: ruptured bladder: fractured rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF pelvis; massive loss of blood. any stating the underlying couse .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0.5 CERTIFICATION removal, be used 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D AUTOPSY? WAS PERFORMED? DIVISION OF VITAL YES 🔲 NO 🖂 execute the certificate, 210 EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 3 should 11:52 M 6-21 19 69 Speeding auto crashed into pole. PRIMARY X OR CONTRIBUTING MEDICAL EXAMINER: cremation, 21e PLACE OF INJURY (At home, form, street 21d INBURY OCCURRED foctory, office building, etc.) WHILE AT WORK AT WORK Street. River bottom Park entrance W. Salisbury St. Williamsport. Md. the funeral director. Page 4 FUNERAL DIRECTORPPOGE 220 I certify that I took charge of the remains described above, held on Autopsy X. Inspection , Inquiry , and in my opinion Notural couses . Accident X , Suicide . Homicide Undetermined monner deoth resulted from: 0 CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE June 24, 1969 DEPUTY MED CAL EXAMINER 3 **EXAMINER'S** 215 W. Washing Wolfs Bel. W. Hagers town. Md. NAME (Type) Dr. E. W. Ditto, Jr. 230 BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) REMOVAL (Specify) Burial Rosedale Cemetery 6-25-69 Martinsburg Berkeley W.Va. 24 FUNERAL DIRECTOR Brown Funera 1 Home, Martinsburg, W. Va. 250 RECD BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15ME (5) 10M 1/69 1969



The management of the manageme			1	09081			W PRESTON STREET			
DETERMINANT FORT CONTROL CON		•	II	,					L, MARILAND 21201	09072
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VR ALS (4) 24 FUNERAL DIRECTOR Hagerstown Md. ADDRESS 25 RECID BY REGISTRAR 25b, REGISTRAR 5 S GNALRE.		Page Share	73a	REMOVAL (Specify)						, , , , ,
VR A15 (4) OF HOUSE STORY INC.		1	24	FUNERAL DIRECTOR Hand	stown Md	ADDRESS		a REC'D BY REGI	STRAR 256, REGISTRAR S.	S GNATURE .
Andrew K. Coffman Funeral Home Inc. DATE 7 1969 Clientes Judge		VR A15 (4) 3		Andrew K.	Coffman Fun	eral H			1959 Peliane	4 Judge



- 1		tem 4 Film G 4	L	MARTLANL							
.		7/2/650111082	DIVISION OF VITA	,		ATE OF D	-	IMORE, MAR	YLAND 21201	09	673
ı		EASED-NAME First		Middle		Lost		20. DATE OF		V	2b. HOUR
	(1)	pe ar print) ALE.	IANDRO		ROBL	ES RODR	IGUEZ	JUNE	Month 24	1969	1030FM
	3. SE)		4. RACE			5. DATE OF BIRT	TH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	1F UNDER 24 NRS. MOURS Min.
1		MALE	BILAN	dd Whi	ite	AUGUST	26	1903	lost birthday) 65 YRS.	WONING DATA	MODICS MINN.
		IRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT CO	OUNTRY?	B. MARRIED	NEVER MARR	IED 🗌	9 COUNTY OF	DEATH		
	caun	BOLIVIA	BOLIVIA		WIDOWED			WASH	INGTON		Md.
	10. CI	TY OR TOWN OF DEATH	11 NAME O	OF HOSPITAL OR INST	ITUTION (If n	ot in hospital	12a USU	AL OCCUPATION	(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
ı		HAGERSTOWN	WASH	IINGTON C			AfL I	NSPECTO	₹		RAFT
	13a. I admis	JSUAL RESIDENCE (Where deceos sion) STATE	ed lived, if institution: F	Residence befare	13C CITY OF RUBA		3d. INSTDE CITY I		REET AND NUMBER		AMD.
Į		MARYLAN			HAGER	DIOIII			4 PENNSYLV	ANLA P	VE.
	14 F.	ATHER'S NAME First	Middle	Last	115	S. MOTHER'S MAII	DEN NAME	First	Middle	T) C	lost DRIGUEZ
ŀ	17-	WAS DECEASED EVER IN U.S. ARA	JNKNOWN	SOCIAL SECURITY NO	0 17 1	NFORMANT			& d drawn		DKIGOEZ
			or ar dates of service)	NONE		GUIDO O	1 CONDI	OF 3D30	COCHABAMBO	BOLTA	CA .
ŀ	1					GOTDO O	COMIN	016 3030	L DIVICE DIEN	APPROX	IMATÉ INTERVAL
		1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	RY- A	(a), (b), and (c).)	2. Re	Az. GAC.	E	ders		BETWEEN	ONSET AND DEATH
		IMMEDIA	TE CAUSE (o)	CONSCIONENCE OF	~~~~	7		,			chings.
-	П	Canditions, if any, which gave)	DUE 10, OK AS A 1	me ist	ine 14	east "	Fo	ulune		2	days
ı		rise ta immediate couse (o),	DUE TO, OR AS A	CONSECUENCE OF							
П		stating the underlying couse tost.	10	420 0	Later	nemia	ر ک	and	mia, se	rue.	Unknown
Н		PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO	THE TERMINAL	DISEASE OR	CONDITION GIVE	N IN PART I(a)		
	Z	Acut	Reval	tail	un						
1	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH O	PERATION WAS PER	FORMED	20a. AUTOP:	SY?		YES, WERE FINDINGS (CONSIDERED IN	CERTIFYING
	RTIFIC					YES 🗌	NO [
		21 a. ACCIDENT WAS UNDERLYIN		JRY anth Day Year	21c. H	OW INJURY OCCU	IRRED (Enti	er nature of inju	ry in Part 1 ar Port 2,	Item 18.)	
	MEDICAL	(If either, natify medical exami	ner) P.M.	19							
		21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HO	OME FARM, STREET, FACT E BUILDING, ETC.	ORY.) 21f. LO	OCATION Street	ar R.F.D. No	o. City	or Town	County	Stote
		While Not while at wark at wark	CANADA 4	Lat. 1	1/	(1)7	10	69 to	124	19	(N 1797)
		22a. I certify that (1) XIX saw the deceased a	We on a step de	the decease		d that in (my			accurred an the d	te and have	t (I) Wir last
1		causes stated above		nat) view the b	ady after	death.	/ (mount orb	amun douth (ACCOUNTED ON THE OF	are und nout	WITH THE
		22b SIGNATURE	- 00 (tanza	M		6 —	MED []		DATE SIGNED	
		77000	meco G.	- A - A	DEGI	REE PHYS	LXI	DIRECTOR 🗀	PHYS.	5/26/69	
		22d. PHYSICIAN S NAME (Type) TODAN	CTCCO C Thi	DOMEST NO. 1	D	22e. ADDR			ern Avenue		stown,
		LIGH	CISCO G JA				<i>ለ</i> ሃኤሌ. ሌ. ሌ.		XIXQQXQCXXXXX		TTAND
	23a	BUR AL, CREMATION, 23b. REMOVAL (Specify)	DATE	23c NAME OF C					N (City or Town)	(County)	(State)
	9.4	REMOVAL (Specify) REMOVAL FUNERAL DIRECTOR	1-21-69			ENERAL_	2So REC'D	COCH By registrar	ABAMBA 2Sb. REGISTRAR S		LIVIA
	24.	Kulsom Kom	er	HAGERST	OWN MA	RYLAND		2 A 10C			
	_	0					07	7 11 10 C	A SCHOOL	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	744

Desto en este Consulado de:
Bolivia en Washington, D.C.

L'oonne 1969

L'oonne 1969

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					D STATE DEPARTM					
1		09083	DIVISION OF VI		301 W. PRESTON STR		E, MARYLAND 2	21201	A 10 0 11	
	5	and the makes	lean		CERTIFICATE OF	DEATH			096	74
2 82		CEASED NAME First		Middle	Lost	20	DATE OF DEATH			2b HOUR
offect of the control	(ype or print)	ean	Marie	Sabat	0	June	Day	Year	150 M
5	3. S		4. RACE	110011	S. DATE OF BI		6. AGE (In		JMDER 1 YEAR	F UNDER 24 HRS.
		Female	Whi	الاست	5-3	31-69	last birth	day) Mo	VTHS DAYS	7 5
hour rs. houl		BIRTHPLACE (State or fareign	76 CITIZEN OF WHAT	COUNTRY?	8. MARRIED NEVER MAR	KIEU A	JNTY OF DEATH	. 0	1	
n 24 h illed in papers nin 72 h	匚	Maryland	U.S. A.				Washing		ounty	Md
within 24 H sly filled in papers within 72	1	Hagers down	give stree	et oddress)	County Hospital	during most of	UPATION (Kind of w working life, even if		125 KIND OF BU INDUSTRY	ISINESS OR
d w	130	Hagerson	sed lived, if Institution	Residence before	13c CITY OR TOWN	13d INS+DE CITY LIMITS?	13e. STREET AND N	UMBER		
e executed withing and completely for remove carbon now event, with	adm	ssion) STATE Maryland	13b COUNTY	hington	Cascade	YES NO KO	Box of	5		
d co	.14	ATHER'S NAME First	Middle	Last		AIDEN NAME First		Middle		last
be rem		John	ກາ	Saba	to	A ¹	exius	ean	Ove	iten
physcram physcram en pleose	16a	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16	b. SOCIAL SECURITY					ox 86	
# F P		NO, OF UNKNOWN)	was of addy of appropria		Spc.5 J	ohm M. Sa	bato	Casca	ade Md.	
The property of the contract o		18. CAUSE OF DEATH (Enter o	nly one couse per line f	or, (a), (b), and (c)) _				BETWEEN ONS	TE INTERVAL ET AND DEATH
ath indicate and in the second		PART I. DEATH WAS CAUSE	ED BY: IATE CAUSE (a)	talectore	s revenl				7kms	Some
atte		1769	DUE TO, OR AS) A	CONSEQUENCE OF	, ,					
the the state of t	ı	Conditions, if any, which gove	(b) [10	emateri	ety 1eb-15	0				
Ten Series	ı	rise to immediate couse (a), stoting the underlying couse	1-1	CONSEQUENCE OF	1	0				
Sicio	1	last.	(c)							
quires that the death certify physician. signed by the attending phybrial-tronsit permit. Then burial, cremotion, or remova	П	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	G TO DEATH BUT N	OT RELATED TO THE TERMINA	L DISEASE OR CONDIT	ION GIVEN IN PART 1	(o)		
to he ing	=									
lov endis s be t so	CERTIFICATION	190. DATE OF OPERATION 196	. CONDITION FOR WHICH	OPERATION WAS PE			20b IF YES, WERE CAUSES OF DEATH?	FINDINGS CONS	SIDERED IN CER	TIFYING
The part of the pa					YES					
AN: I or cate or u	3	210 ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DE	NG 21b. TIME OF IN HOUR A.M. A	JURY Aanth Day Year	21c. HOW INJURY OCC	CURRED (Enter natur	e of injury in Port 1	ar Part 2, Item	n 18.)	
Pitch Pitch	MEDICAL	(If either, notify medical exom	iner) P.M.	, 1	9					
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Poge 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by restricted director, page 3 should be detoched for use as the buriol-tronsit permit. Then please remove carbon papers. Ingest, and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in ony event, within 72 hours death.	Æ	21d. INJURY OCCURRED 21e While hat while at work	. PLACE OF INJURY (AT	HOME, FARM, STREET, FA FICE BUILDING, ETC.	CTORY,) 21f. LOCATION Street	et or R.F.D. No.	City or Town	(County	\$tate
N T T T T T T T T T T T T T T T T T T T		22o I certify that (I) (4	ris hospital) attend	led the deceas	ed fram 3/3//6	29, 19	to 4/1/	190 5	, that i	1) (we) lost
A A A A A A A A A A A A A A A A A A A	L	22o. I certify that (I) (4 saw the deceased causes stated above	olive an	1/	96£, and that in (m	y) (our) opinian	death occurred (on the date	and hour o	nd from the
E Se Si	П		re, (I) (we) (did) (di	d nat) view the	bady after death.			I 00 D47	T CARNED	
OR ATTENDING be retoined by the NRECTOR: After the e 3 should be de ed with the Stote	L	22b-stGNATURE	econt	-9n	DEGREE PHYS	NG MED DIRECTO	R STAFF		E SIGNED	
		22d PHYSICIAN S	oway.	///	22e ADD		71113.	10/1	/ 0/	
RAI Mo			M. Bacon J	r.	101	King St.	Hagerst	own Md.	_	
OSI UNE UNE	230		DATE		CEMETERY OR CREMATORY		. ŁOCATION (City or 1		(County)	(State)
ro Hospital Poge 4 moy fo Funeral I director, pog should be file	1200	REMOVAL (Specify)	6/4/69		y Cross		Philadelp			
2 2	24.	FUNERAL DIRECTOR	0,0,0	ADDRESS		2Sa. REC'D BY REG	ISTRAR 2Sb. F	REGISTRAR'S SIG	SNATURE	
VR A15 (4) 30M REV 1/68		David 2/	STOVE	Wayn	esboro Pa.	DANJUN	1969 /	Charle	be Greate	1.00

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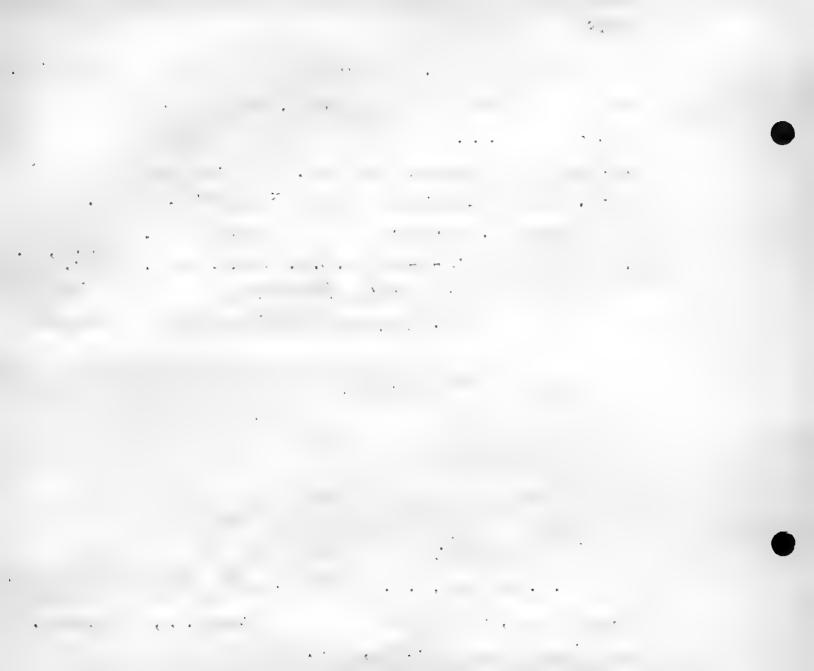
	1			ND STATE DEPARTMENT OF		
1		09084	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		09075
death.		ECEASED-NAME Type or print)	anger, Wil	"tost"	. 2a. DATE OF DEATH & 33	Year 805 M
by news after	3. \$	Male	4 RACE White	5 DATE OF BIRTH 11/4/1876	lost burthday) YRS.	FUNDER) YEAR IF UNDER 24 HRS. UNIVERS DAYS HOURS MIN.
4 hay lin by Pers. 72 hou		BIRTHPLACE (State or foreign ntry) W. Va.	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Washington	Md.
within 24 haurs ely filled in by bon papers. Pa		CITY OR TOWN OF DEATH Boonsboro	, anneu-Keed	ly Mem. Home Lon A	UAL OCCUPATION (Kind of work done most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
cuted amplet of event	adm	ission) STATE Md.	sed lived, if institution: Residence before	13c. CITY OR TOWN isd. MISIDE CITY Condova YES	NO x rural	
be exe	14	Henry E. San	gen Middle Lost	1s. MOTHER'S MAIDEN NAME Bettie Po	First Middle	Last
tificate hysician n pleas val, and	160	WAS DECEASED EVER IN U.S. ARI es, poor unknown) (1 yes give t	MED FORCES? war or dates of service) MED FORCES? WAR OF COMMENT	NO. 17 INFORMANT Roland Z. So	Address anger, Cordova, Md.	
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pashauld be filled with the State Dept of Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours	Z	PART I DEATH WAS CAUSE IMMEDITY of the conditions, if dny, which gave rise to immediate couse (a), stating the underlying cause last.	ATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE O (b) DUE TO, OR AS A CONSEQUENCE O (c)	solorvice Cardia	R CONDITION GIVEN IN PART I(a)	APPROXIMATE INTERVA, BETWEEN DISSET AND DEATH
The law r attending to has been use as the lifth prior	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS F	YES NO [
SICIAN: spital a ertificate ned far t of Hea	MEDICAL C	21o. ACCIDENT WAS UNDERLYII or contributing cause of DEA or either, natify medical exami 11d. INJURY OCCURRED 21e.	TH HOUR A.M. Manth Day Yeo iner) P.M.	r 19	of injury in Port 1 or Port 2, Ite	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept of Health priar ta burial, creasingly.	W-	While Not while 22a. I certify that (1) (the saw the deceased of	PLACE OF INJURY (AT HOME, FARM STREET, I OFFICE BUILDING, ETC.) Dis haspital) attended the decean alive an eq. (1) (we) (did) (did sout) view the	sed from, 19	68, to grace, 196 pinian death accurred an the date	T, that (1) (we) last
TO HOSPITAL Page 4 may b TO FUNERAL D director, pag should be file	222	22d. PHYSICIAN'S NAME (Type)	U. he Van /	22e. ADDRESS CEMETERY OF CREMATORY	23d. LOCATION (City or Town)	(County) (Contai
TO HO Page TO Fu direc	L	BURLAL (Specify)	6/26/1969 Fair	riew	(ardova, Md.	(Caunty) (Stote)
30M REV. 100	24.	FUNERAL DIRECTOR NAURO (E.E., NEW	WAM & SON & Eastor		1N 2 5 1969 Person	les fordals

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09085 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MA	
1191137	ARYLAND 21201
CERTIFICATE OF DEATH	09076
LE COLE 1. DECEASED NAME First Middle Last 20 DATE (DE DEATH 25 HOUR
(Type or poort) Grace Virginia Schindel	6 Month 30 Day 69 Year
3 SEX 4. RACE S DATE OF BIRTH	
DATE OF BIKIN	6 AGE (In years FUNDER LYEAR IT ONDER A HRS MONTHS OAYS HOURS MUN
female white May 31, 1909	(V)
This middle to the country of the co	
Nd. USA WIDOWED □ DIVORCED □ Wash	ington
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital daying mark street-address)	N (Kind of work dane 12b. KIND OF BUSINESS OR
10 CITY OR TOWN OF DEATH Hagerstown 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of working wash wash Co. Hospital seoing m	g life, even if retired.) INDUSTRY dress mfg.
10 Or a prespective out	TREET AND NUMBER
130 US_A. RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d MISIGE CITY LIMITS? 13e 13b COUNTY Wash Hagerstown YES NO	29 Salem Ave.
13. FATHERS NAME First Middle Loss IS. MOTHERS MAIDEN NAME First Max G. Siebert Jessie Shenne	Middle Last
14. FATHERS NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Nax G. Siebert Jessie Shenne	****
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	
Yes, no, or unknown) ("I yes give war or doles of service) Yes, no, or unknown) ("I yes give war or doles of service) Charles Schindel	Address
Max G. Siebert Jessie Shenne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 180, no, or unknown) 181 CAUSE OF DEATH (Enter only one couse par line for (o) (b) and (c)) PART I DEATH WAS CAUSED BY	
1B. CAUSE OF DEATH (Enter only one cause per line for to) (b) and (c)) PART I DEATH WAS (AUSED BY IMMEDIATE CAUSE (a) DUE TO, OB AS A CONSEQUENCE OF	APPROX MATE INTERVAL BEDWEEN ONSET, AND OFATH
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OBAS A CONSEQUENCE OF	n & Ares.
DUE TO, OBAS A CONSEQUENCE OF	
(and t ans, if any, which gave) (b) (New School Carchera	cular and know
Tand I ans, if any, which gave the stating the underlying cause of the stating	Cliserol.
DUS JA. RESIDENCE (Where deceased lived, if instrution: Residence before 13c CITY OR TOWN admission) STATE Md. 13b COUNTY Wash Hagerstown YES NO. 7 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Max G. Siebert Jessie Shenne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 WAS DECEASED EVER IN U.S. ARMED FORC	read notkens
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GLY	FN IN PART I(n)
	la Co Martilla
	IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
TES D SE T SE D NO □ CAUS	ES OF DEATH?
	usy in Part T or Part 2, Item 1B.)
210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury) 21d Injury OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21d Injury OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21d Injury OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21d Injury OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21d Injury OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21d Injury OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21d Injury OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21d Injury OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY)	
21a ACCIDENT WAS UNDERLYING LAUSE OF ORATH HOUR AM Manth Day Year PM. 19 21d INJURY OCCURRED LAUSE OF ORATH PM. 19 21d INJURY OCCURRED LAUSE OF FINJURY (AT HOME FARM, STREET, FACTORY) AT HOUR AM Manth Day Year PM. 19 21d INJURY OCCURRED LAUSE OF INJURY (AT HOME FARM, STREET, FACTORY) AT HOUR FARM, STREET, FACTORY (OFFICE BUILDING ETC.)	y or Town County State
)
22a. I certify that (I) (this haspital) attended the deceased fram. 19 67, to sow the deceased olive an Almo 19 69 and that in (19) (our) apinion death sow the deceased olive and Almo 19 69 and that in (19) (our) apinion death	une 30, 19 00, that (i) (we) last
sow the deceased olive an Many 50, 1964 and that in (my) (our) apinion death	occurred on the date ond haur ond fram the
causes stated obove, (I) (we) (aid not) view the body after deoth.	
sow the deceased olive an Many 30, and that in (noy) (our) apinion death causes stated above, (i) (we) (aid) (aid not) view the body after death. 22b Signature DEGREE PHYS	STAFF 224 DATE SIGNED
DEGREE PHYS DIRECTOR	PHYS U 6/30/69
DEGREE PHYS DIRECTOR L	
The participal of the particip	
DEGREE PHYSICIANS NAME (Type) #12 TUILO XIE TO DEGREE PHYSICIANS NAME (Type) #12 TUILO XIE TO DEGREE PHYSICIANS 1220 ADDRESS E. CLIN	below foyerston
DEBATE DIRECTION DEBATE DEBATE DEBATE DEBATE DEBATE DIRECTION DEBATE DIRECTION DIRECTI	ON (City or Town) (Codity) (State)
PHYSICIANS NAME (Type) A TOLICO & TOLICO 228 ADDRESS E. Con 1230 BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23dOCAT	, , , , , , , , , , , , , , , , , , , ,
PHYSICIANS NAME (Type) A TOLICO & TOLICO 228 ADDRESS E. Con 1230 BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23dOCAT	ON (Ciry or Town) (Codity) (State) erstown Mal 25b REGISTRARS S GNATURE



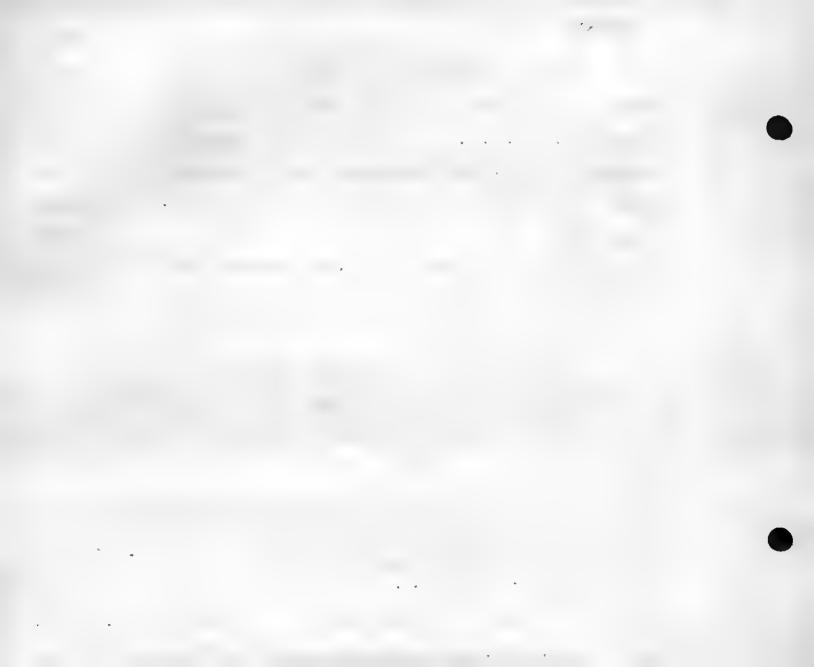
1	- 1		bi	IVISION OF VIT		301 W. PRESTON STRE			1201		
1		09086		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	CERTIFICATE OF D	-	, macronico Z	1201	0907	7
= -2=	Ī.	DECEASED NAME	First		Middle	Last	20. (DATE OF DEATH	D	V	2b HOUR
24 haurs after death	L	(Type or print)	Charl	08	E.	Schwinger		June	3 Pay	1989	6:30AM
ter s Tur fter	3.	SEX		4 RACE		S. DATE OF BIRT		6 AGE (In y	reors	IF UNDER YEAR SONTHS DAYS	IF UNDER 24 HRS HOURS MAIN
rs afte		Male		White		June 20	1906	last birthd	YRS.		
Thou are	70	o. BIRTHPLACE (State or for	eign 7b	CITIZEN OF WHAT		8 MARRIED 🔼 NEVER MARRI	ED_	NTY OF DEATH			
2 2 2	L	Maryland		U.S.A		WIDOWED DIVORCE		Washingto			Md.
within 24	. 110	CITY OR TOWN OF DEATH Hagerstown		give stree	et oddress)	County Hosp	during most of v	JPATION (Kind af wo vorking life, even if i Ding Clerk	rk done retred.)	126. KIND OF I INDUSTRY Knitt	- A Authoritor
ecuted wit compressive ove capaon	13	lo USUAL RESIDENCE (When	e deceosed			13c, CITY OR TOWN 13	d INSIDE CITY LIMITS?	13e STREET AND NU	MBER		
1 1 1	00	mission) STATE Ponna.		Fr:	anklim	Waynesbore	res 🔀 No 🗌		road	St.	
and remit	14	FATHER'S NAME FITS		Middle	last	15. MOTHER'S MAIC			M-ddte		Last
n a se r	L		Charle		Schwinge		Minni		-	Ott	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. age 4 may be retained by the haspital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in the funeral director, page 3 should be detached for use as the burial-fransit permit. Then please remove capaban pagers, and 2 hand should be filled with the State Dept. of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death.	1	60 WAS DECEASED EVER IN Yes, go, grunknown)	US ARMED [IF yes give war or WW		5 SOCIAL SECURITY:		Schwing	er 227 S	ddre Way Bro	mesbor	•
ne death cer attending p permit. The ion, ar rema		18 CAUSE OF DEATH	(Enter only a	ne cause per line to	(b) ond (c)	ned Ylines	1 hrss/		1	APPROXIN BE 157 EN OF	MAYE INTERVAL NYET AND DEATH
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TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 9	1	NAME (Type)	E. R.	Lardiza	bal, M.	7,00	10al PK	U WIND	OUU	70	region
Houle Haul	2	3a. BURIAL, (REMAT ON, PEMOVAL (Specify)	23b. DAT			CEMETERY OR CREMATORY	1	LOCATION (City or To		(Caunty)	(State)
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AND STATE DEPARTMENT OF HEALTH



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	09088	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	09079
	130000		CERTIFICATE OF DEATH		03079
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5 P	Female	White	March 28.	1882 last birthday) YRS.	MONTHS DAYS HOURS MIN.
E ING	7a BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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filled in 72 thin 72	Funkstown Md	11) NAME OF HOSPITAL OR		Washington JAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
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ate be	Jacob			eline	Harnish
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e death certificate t attending physician permit. Then please an, ar remaval, and	Yes, no, ar unknown) (If yes	220-11-9	776 Mr. Frank S. S	mith, Funkstown,	Maryland
I Lee	18. CAUSE OF DEATH (Ent	r on y one cause per line for (a), (b), and (9) - 12		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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First For	S OR CONTRIBUTING ORGER	DEATH HOUR A.M Month Doy Yes		er nordie of injuly of rost 1 or rost 2,	HeIII 10.}
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HY be price of the	₹ 21d INJURY OCCURRED While Not white	218 PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY, 21f EDICATION Street of R.F.D. N	o. City ar Town	County State
ed the best of the	of work at work		9	26	7/2 1 11 2
by Star	220. I certify that (I)	(this hospital) attended the deceded office on 23 the deceded office (I) (we) (did) (d d not) view the	sed from tuniary 196	27, to pene, 19	(1) (we) last
R: A	sow the decease	d olive on did (d d not) year th	a body after death	oinion death occurred on the do	te and nour ond from the
T tail tail tail tail tail tail tail tail	22b. SIGNATURE	dve,(i) (we) (asa) (d a not) view in	e body differ death.		DATE SIGNED
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	22d. PHYSICIAN'S CIT	July rapaced	100- ADDRESS -	DIRECTOR - PHIS - A	1 7 00 10 1
SPITAL 4 may VERAL i tar, pag Id be fill	NAME (Type) Clo	vis M. Snyder, M.	D. 166h.	POYTON ST, Hoy	ustocon, Mid
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. 2	_	CEASED-NAME First		M.ddle		Last		DATE OF DEATH			2b. HOUR
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and campletely remave corbo in ony event, w	13o edmi	USUAL RESIDENCE (Where deceased issian) STATE	l lived, if institu	NGTON	13c CITY OF	Y	E INSIDE CITY LIMITS?	13e STREET AND NUMI		,	
oor Jy, e.		ARYLAND ATHER'S NAME First	WASH! Middle	NGTON Last	HANC	OCK S. MOTHER'S MAID			ddle		Lost
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Then please remo movol, and in any		18. CAUSE OF DEATH (Enter only	ane cause per	lme far (a), (b), and (c).)	1				APPROX MAI BETWEEN ONSE	E IRTERVA. T AND DEATH
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Health prior to	CERTIFICATION	170, DATE OF OF EXAMINIT	JUDINION FOR IY	III.II OI ERRIION WAS LE	IN THREE	YES 🗀	но 🗀	CAUSES OF DEATH?			
ā 4		21a. ACCIDENT WAS UNDERLYING	216. TIME (OF INJURY	21c. H			e of injury in Part I or	Part 2, Item	n 18.)	
Ť.	<u>₹</u>	OR CONTRIBUTING CALSE OF DEATH	HOUR A.M	. Manth Doy Year . 1							
·	2	21d INLURY OCCURRED 21e. P	LACE OF INJURY			OCATION Street	ar R.F.D. No.	City or Town	(County	State
		While Nat while at work of wark				11	10	· Chi		9	
		22a. I certify that (I) (this saw the deceased ali	haspital) at	rended the deceas	ed from	Nev	, 1942 /,	to_ <i>G/1</i> ×	19.12	that (l) (we) last
		saw the deceased ali causes stated above,	ve on Lat.) (did nat) view the	bady after	a that in (my) death.	(aur) apinian	aeath accurred an	ine date	and naur ai	na tram the
		22b SIGNATURE		_ 1	7, 0		1/		22c DAJ	E SIGNED	10
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		22d. PHYSICIAN'S	11-	n ds 71	1/1	22e ADDRE	121	MACK	- 1		
should be filed with the State Dept at		NAME (Type)	INOF		1011		1171	2027		(6)	
nous	23a.	BURIAL, CREMATION, 23b Di REMOVAL (Specify) 6	14/69	23c. NAME OF				LOCATION (City or Tow		(County)	(Stote)
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Medity	. 6	1			MA	RYLAND !	STATE DEF	ARTMENT OF	HEALTH				
CHARLES MARION SPRANKIE ORANIES MARION SPRANKIE ORANIES DATE OF SERVICE STRUCTURE 28, 1659 P.13 MALE WHITE 9/30/1912 50 P. S.			09090)	MEDIC	AL EXAN	INER'S	ERTIFICATE	OF DEATH			0908	1
MAILE WHITE 9 SOLID SERVING TO SERVING A CONTROL TO THE STORY AND A CONTROL					LES			PRANKLE		OF E	α. 🗀	,	2b Hour 59 P. 15
TO CHIEF COME, OR DEATH HA GERSTOWN WASHTINGTON CO. HOSPITALESMAN, even if ethy FUNTITURE STOR WASHTINGTON CO. HOSPITALESMAN, even if ethy FUNTITURE STOR IS JUAN RES DRIE (Where deceased wed. in instruction Per derice before) [32. OTF OR TOWN JOHN RES TOWN WASHTINGTON CO. HOSPITALESMAN, even if ethy FUNTITURE STOR IS JUAN RES DRIE (Where deceased wed. in instruction Per derice before) [32. OTF OR TOWN JOHN RES TOWN WASHTINGTON CO. HOSPITALESMAN, even if ethy FUNTITURE STOR IS JUAN RES DRIE (Where deceased wed. in instruction Per derice before) [32. OTF OR TOWN JOHN RES TOWN WASHTINGTON HAGERSTOWN TO WASHINGTON IN MORPH LINE AND IN SECTION OF SATESMAN WE WITH THE STORE AND INMERSE STORE AND INMERS AND IN SECTION OF SATESMAN WE WITH THE STORE AND IN SECTION OF SATESMAN WE WASHINGTON OF SATESMAN WE WITH THE STORE AND IN SECTION OF SATESMAN WE WASHINGTON OF SATESMAN WE W							plesy-birthday)	MONTHS DAYS				Year 1960	Pa M
THE STATE SERVICE (where deceased used, institution Residence before) is GITY OR TOWN STATE Command	If any It any I are Property of the Property o				U.S.A	4.	W	DOWED 🛅 DIV	ORCED 🔲	WASHI	VGTON		
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PRIMARY OR CONTRIBUTING MAN. A SECONDARY OF DEATH P.M. 6-2- 19 69 Fell in bathtub. 21f. LOCATION Street or R.F.D. No. (ity or Town County State foctory off ce build ng. etc.) WHILE NOT WHILE AT WORK AT WORK BY HOME HOME AT WORK BY	TAL REGISTS Certiffice, writh farward	TIFICATIO	19g, DATE OF O	PERATION		WAS PERF	ORMED?					YES	
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230 BURIAL (REMATION, PENOVAL Specify) 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL Specify County Count	MED please i direction retain	5	ACTUAL SIGNATURE	A	24/0	the second	>						
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	VR A15ME (5)	3 4	FUNERAL DIRECT	Morrel	ent	Hage	ADDRESS /	in Ho	X				ea.



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	eral and 2 eoth.	- 1		CEASED-NAME First ype or pnnt)			Middle		Lost		20. DATE OF	44 (1 %	14	2b. HOUR
	funeral funeral		1,	Leila	L.		T.		Squill	ari	June	Month 3 Doy	1969	6:55 A
	E 275		3 SE	(4. RACE				S DATE OF B	HRTH		6 AGE (in years	F JHDER I Y	
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22a certify that taak charge af the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinian death resulted from Natural causes Accident , Suicide , Homicide , Undetermined manner Actual signature Actual signatu		-	WHILE NOT WHILE foctory, office building, etc.)	Coomly State
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	10M REV 1/68		Andrew K. Coffman Funeral Home Inc DATE UN 1 1 1969 John	rlay Joedan.



7 1	09093	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	09084
de cath	(Type or print) CA	THERINE LEONA STOUFFER 20 DATE OF DEATH JUNEMONTH 7	2 2 45A
in the second se	FEMALE	4 RACE WHITE 5. DATE OF BIRTH 6 AGE (In years last by hoday)	IF UNDER 1 YEAR IF JADER 24 HRS MONTHS DAYS HOURS MIN
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/ 15 21	14 FATHER S NAME FIRST LUTHER	KEMP MURRAY IS MOTHER'S MAIDEN NAME First LEAH Middle	SNYDER
rificate hyskiar n pleas val, and	Yes, To Or unknown) (1 yes	ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 213-16-1273 MR. EDWARD STOUFFER RI#	2 SMITHSBURG
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burnal-trans, perm.r. Then please should be filed with the State Dept. af Health priar to burnal, cremation, ar remayal, and in	PART I DEATH WAS CA IMM Conditions, if any, which go use to immediate couse (stating the underlying coulost. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER: Concerning of the course of the contributing of cause of the contributing of work 21d. INJURY OCCURRED while of the work 22d. I certify that (I) saw the decease causes stated above 22b. SIGNATURE 22d PHYSICIANS NAME (Type) CONTRIBUTING 22d PHYSICIANS NAME (Type)	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN, IN PART 1(o) See CONDITION FOR MAIL OF PRAT ON WAS PLAFORMED 200. AUTOPOY? PART 1(o) 20b F YES, WERE FINDINGS CAUSES OF DEATH? (AT HOME FARM, STREET FACTORY) 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or North 19 PM (AT HOME FARM, STREET FACTORY) 21d PLACE OF INJURY (AT HOME FARM, STREET FACTORY) (AT HOME FARM, STREET FACTORY) 21d OFFICE BUILDING, ETC. (thus hospital) attended the deceased from 3/8/1, 19/9/1, ta/9/1, and that in (my) (out) apinion death accurred an the cause, (1) (we) (did) (did nat) view the bady after death.	County State

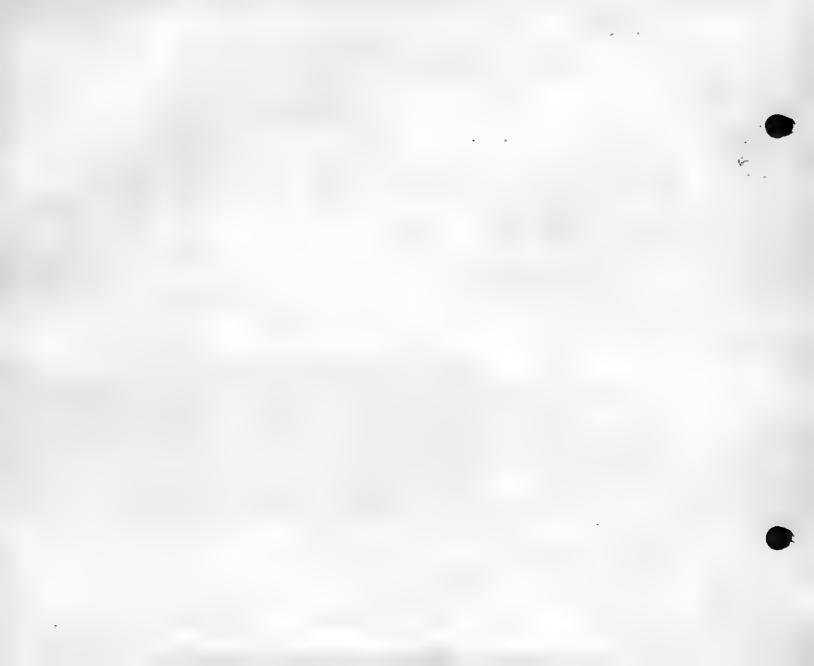


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		09094		301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MORE, MARYLAND 21201	09085
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IAN: tal ar ficate far us		210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examination of the contribution of the c	HOUR AM Month Day Year	,	nature of injury in Part 1 or Part 2, II	(County State
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TO HOSPITAL OF Page 4 may be TO FUNERAL DIS		230 BURIAL, CREMATION, 23b C	17-69 23c NAME OF C	CEMETERY OR CREMATORY Paul's Cemetery	23d LOCATION (City or Town) Clear Spring	(County) (State)
VR AL	Park	24 FUNERAL DIRECTOR Minnich Funer	ADDRESS ral Home Hager:	2Sa. REC'D BY	r registrar 255 registrar's 1	SIGNATURE



1		09095		, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	09086
2 82		ECEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
\$ 5 5 S	((ype or print) LENA	PEARL	SUNDERLAND	JUNE Manth 12	69 Year 1:15aM
	3. S		4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR 1F UNDER 24 HRS.
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₹ 2 3 5	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	ISTITUTION (If not in hospital 120 USU	AL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
within fills		HAGERSTOWN	give street address) 1011 OAK	HILL AVENUE RET	ost of working life, even if retired.) IRED NURSE	NURSING
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be ex n ond e rem		WILLIAM	EDGAR BRYAI	N ANN	IE	CAHALL
icote be sicion c pleose		(es, no, or unknown) (If yes give)	MED FORCES? 166 SOCIAL SECURITY		Address OAK	LITT T ASSESSMEN
ohys		NO NO	wa. 61 00/03 6. 3814/(0)	JOHN SUNDERLA	ND RĂĞĒRSTÖÜN	MARYLANDUE
y γ γ β deoth certificate be exert physicion. Signed by the ottending physicion and α signed by the contending physicion and α burial-transit permit. Then please remoburial, cremation, or removal, and in any		18. CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and (c	11/1 1: 2-	n. 11:11 -	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
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로 등 등 등 등 기계	RTE			YES NO		
AN: or cote	¥	21 a ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING		21c HOW INJURY OCCURRED (Ente	r nature of injury in Part 1 or Part 2,	Item 1B)
STICE Spit Set in the set in the	MEDICAL	(If either, notify medical exami	iner) P.M.	19		
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 moy be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be defloched for use as the should be filed with the State Dept. of Health prior to	~	mai willio	, PLACE OF INJURY (AT HOME, TAKM, STREET, TO	ACTORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State
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O Single State		cooses stated abov	e, (I) (we) (did) (d d not) view the	bady after death?		
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berr berr blied w	П	MILLING	1 / / 124	228, ADDRESS	DIRECTOR L PHYS. L	6/13/69
RAL RAL Poe f		PHYSICIAN'S NAME (Type)	RD T BINFORD	1135 POTOM	10 110 HADDON	DIA MED
TO HOSPITAL OR ATTENUE Poge 4 moy be retained TO FUNERAL DIRECTOR: A director, poge 3 should be filed with the	222			F CEMETERY OR CREMATORY	AC AVE HAGERSTY 23d LOCATION (City or Town)	(County) (State)
E Se	230	REMOVAL (Specify)				, ,,
	24.	FUNERAL DIRECTOR	5/15/69 REST ADDRES	HAVEN CEMETERY S 250 RE(D)	BY REGISTRAR 25b. REGISTRAR	SHINGTON, MD 5 SIGNATURE
VR A15 (4) S 30M REV. 1/68		Kails m Kang	HAGERSTO	WN. MARYLAND DATEUN	17 1969 Julio	reas Judge.

MAKTLAND STATE DEPARTMENT OF HEALTH



		1			D STATE DEPARTMEN				
10			09096	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREE CERTIFICATE OF DI		E, MARYLAND 21201	0908	by
	1 01	1.	DECEASED NAME First		LATITICATE OF DI		Dave do odden	0000	
	death.		T 2 sh		Thayer	20	DATE OF DEATH 6 Manth 28 Pay	69 ^{Year}	26 HOUR
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	cuted within 24 curbon paper event, within 72		CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in haspital	12a USUAL OCC	JPAT ON (Kind of wark done working life, even if retired)	12b KIND OF 8 INDUSTRY	USINESS OR
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	and compression of the compressi	<u></u>	FATHER'S NAME First	M ddle Lost	15 MOTHER'S MAIDE			24704	
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	physician of the place of the please avail, and it	160	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECURITY N			Address		
	thfic shys on p		/es go, gr unknown) (I yes give	war or dates of service)	Ralph Th	nayer	Hagerstown	, Md.	
	ng F		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), and (c))	, ,			APPROXIMA BETWEEN ONS	ITE INTERVAL ET AND GEATH
	physician. physician. signed by the attending bur of-transit permit Th burial, crematian, ar rem		PART 1 DEATH WAS CAUSE IMMEDI	D BY ATE (AUSE (o) Multi-	All schrons			444	hern.
	atte atte pern an,	l	340 X	DUE TO, OR AS A CONSEQUENCE OF					
	the the sit mate	L	Conditions, if only, which gove use to immediate cause (o),	(b)					
.,	tron tron		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF					
X	oires ysic pred rial,	ı	lost	(()					
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"X"	daw ndin beel this in the	101	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY	2 /	20b. IF YES, WERE FINDINGS CO	INSIDEDED IN CEO	TIEVING
, J	attending attending has been se as the the prior to	CERTIFICATION			YES 🗀	NO W	CAUSES OF DEATH?	THE CALL OF THE	an mo
			210 ACCIDENT WAS UNDERLYIN				e af injery in Part I ar Part 2, It	em 16)	
	CA tific file of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT					7	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State lept. of Highly prior to	ME		PLACE OF INJURY (AT HOME FARM, STREET FACT	ORY) 21F LOCATION Street or	R.F.D. No	City or Town	Caunty	Stote
	DING P by the After thi be det		22c certify that (i) (th	us bachitally attended the decease	d from 195>	LO.	to June 28, 19,	44 that ((1) / (1) (fact
	ATTENDING stained by the CTOR: After is should be d		saw the deceased a	is haspital) attended the decease if ye an 4444 2-1 15	4, and that in (my) ((aur) opinion (leath occurred on the dat	e and haur a	nd from the
	OR of the that the that the that the that the that the that the the that the the the the the the the the the th	1	causes stated above	e, (I) (we) (Iid) (did nat) view the b	ady after death.		V		
	OR ATTENI be retained DIRECTOR: / ge 3 should ed with the		22b SIGNATURE	At U	DEGREE PHYS	MED DIRECTOR	C STAFF	ATE SIGNED	. 4 . 4
	o d pe		22d. PHYSICIAN'S		DEGREE PHYS 22e ADDRESS		PHYS L	Jul 30	1969
	mg mg		NAME (Type) R.S	STAUFFER	220 ADDRCS	Langent	un hid	/	
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the	23o		DATE 23c. NAME OF C	EMETERY OR CREMATORY	1 23d	LOCATIÓN (City or Town)	(County)	(Stote)
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		24.	FUNERAL DIRECTOR	ADDRESS		RECOLBY REGI	TRAR 250 REGISTRARS	GNATURE, LA	4
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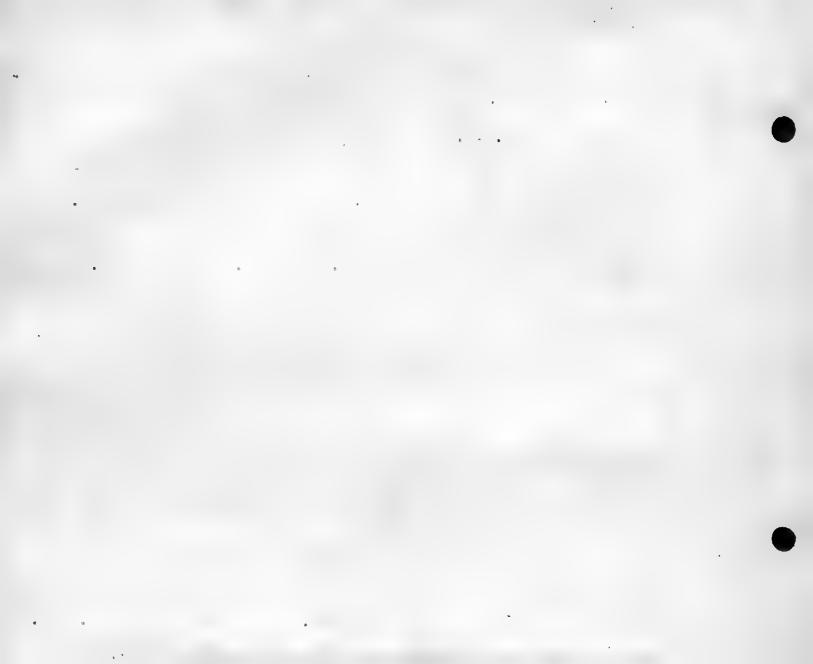
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	09097						ON STREET, BALTIMORE, MARYLAND OF DEATH		09688	
4 -24		ECEASED NAME First		Middle		Lost		DATE OF DEATH	0.00	2b HOUR
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E I TO E	3 SE	X	4. RACE		S	DATE OF BIRTH		6 AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
E (18.9.2	L	Male		White		March	5.1905	last birthday)	YRS. MONTHS DAYS	HOURS MIN
1000	7a. E	BIRTHPLACE (State or fareign		F WHAT COUNTRY?	8 MARRIED 🔀	NEVER MARRIED		DUNTY OF DEATH		
7 5 5 E	2	hinkstown, Md.		ISA	WIDOWED			Washington		Md
	10 0	ITY OR TOWN OF DEATH	1	1 NAME OF HOSPITAL OR INS	TITUTION (f not)	n haspital	iZa USUAL OC	CUPATION (Kind of work do	IZb KIND OF I	BUSINESS OR
		Hagerstown	3	live street oddress) Washington			Self	working life, even if retire	Javer	n
ample, ve car	13a admi	USUA. RES DENCE (Where deceasission) STATE	ed lived, if ins 13bz.COUN	titution. Residence before	13c CITY OR TO		NSIDE CITY LIMITS?	13e. STREET AND NUMBER	R	
execu		Maryland		rington	Hagers	LUWII	Lyllo Cand	211 West S		
be ey and in ar	14	ATHER'S NAME First	Midd			NOTHER'S MA DEN	_	Middl		Last
ate b ician ease and i	16a	WILLIAM WAS DECEASED EVER IN U.S. ARI	AFD FORCES2	Droxe		ORMANT	Etta	Mae		nch
HHF law requires that the death certificate be executed attending physician. An an an an and completes be signed by the attending physician and cample lise as the burial-transit permit. Then please remave can the prior to burial, crematian, ar remaval, and in any event			or or dates of service		1	Proxel	10.	Addres	S	
HHFD at an attending physician. icate has been signed by the attending physician born as the burial-transit permit. Then phe Health prior to burial, cremation, ar remaval.	h	18. CAUSE OF DEATH (Enter an	ly and cause of			· Jiwaen	No ille		APPROXIA	NATE INTERVAL
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ded atter	П	1450 MMEUI)		Gangrene OR AS A CONSEQUENCE OF	or re	TE LOW	er exi	remities	Days	5
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that n. sy tl ans rem	П	rise to immediate couse (a), stating the underlying couse		OR AS A CONSEQUENCE OF	GI CCI.	LOBOTO.	10010			
Sicion Si	Н	lost.	(c)							
Phy phy buring Sign buring Sig		PART 2 OTHER SIGNIF CANT CON	IDITIONS CONTI	RIBUTING TO DEATH BUT NO	T RELATED TO TI	HE TERMINAL DIS	EASE OR COND	ON GIVEN IN PART 1(a)		
r tail	No.									
ING PHYSICIAE: The law re by the haspitaf ar attending fer this certificate has been be defacted for use as the state Dept. of Health prior to	CERTIFICATION	190 DATE OF OPERATION 19b	CONDITION FOR	WHICH OPERATION WAS PER	REFORMED	20a AUTOPSY?		206 IF YES, WERE FINDIN CAUSES OF DEATH?	GS CONSIDERED IN CE	RTIFYING
The day	RTIF					YES 🗀	NO 🗌			
AE: of all icate far 1	187 187	21 g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT		F OF INJURY M Manth Day Year	21c HOW	INJURY OCCURR	ED (Enter natu	ire of injury in Part 1 or Par	t 2, Item 18)	
	JEĐ ((If either, natify medical exami	ner) P	M 19						
PHY b ha lis c tach Dept		21d. INJURY OCCURRED 21e. While Nat while at wark	PLACE UF INJUI	RY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	211 LOCA	TION Street ar	R F D, Na	City or Town	County	State
de the the	П	22a Leastifus that (1) tels	raharaited)	-+	3 (/17/60	10	t- 6/12/	10 69	(0) 3737
OR ATTENDING De retained by the NRECTOR: After the 3 should be died with the State	П	22a. I certify that (I) \$02 saw the deceased a	live an _6	12/ The decease	969" and t	hot in (my)	- , 17 —— Su ci d oinian	death accurred an the	date and hour	(I) (WC) (I) and from the
OR: authority	Н	causes stated above	, (I) (Max (d	(did nat) view the b	oady after dec	oth.				nw mum mc
A A A A A A A A A A A A A A A A A A A		22b SIGNATURE		11.2.	/	ATTENDING	MED.	C STAFF C	22c DATE SIGNED	
DIR DIR		nod publicative	Kou	al M. Dead	DEGREE	. 1112	MED DIRECT	OR STAFF	6/13/69	,
MM)	Ш	22d. PHYSICIAN'S NAME (Type) HOT	vard N	. Weeks		22e. ADDRESS 580 1	Northe	ern Ave., H	lagerstov	vn,Md.
TO HOSPITAL OR ATTENDING PHYSICIAL: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burinl-transhauld be filed with the State Dept. of Health prior to burinl, cree.	23n	BURIAL CREMATION, 23b. I	DATE	1237 NAME OF	EMETERY OR (R			LOCATION (City or Town)		
A share	254	REMOVAL (Specify) Surral	/14/60	11 Rest Ha				agerstown-Was	(County)	(State)
90	24	FUNERAL DIRECTOR (1) L	4	Hora ADDRESS	vere Lem	2Sq	. REC D BY REC	GISTRAR 2Sb REGISTR	AR S SIGNATURE	(In
VR A15 (4) 45M - 1/69	K	Rest Haven Fune	ral Chi		stown.	de DA	MIN 1 7	1029 Willes	AR S SIGNATURE	A



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09098 CERTIFICATE OF DEATH 09089 DECEASED NAME First Middle Lost 20 DATE OF DEATH 25 HOUR death. (Type or print) JUNE 26. TRUE LEROY FRANKLIN 30% 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n years Sast birthday) DEC. 11, 1911 HOURS WHITE MALE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIEDX NEVER MARRIED MARYLAND WASHINGTON DIVORCED [U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if refired)
SERVICE MANAGER HANCOCK burial, crematian, ar remaval, and in any event, remove car 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed admission) STATE WASHINGTON RFD HANCOCK 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle Last SPADE JOHN WESLEY TRUE IRENE ADA 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) [If yes give war or dates of service] TRUE RFD #2, 4634 03 HANCOCK, DOROTHY S. 18 CAUSE OF DEATH (Enter only one cause per ling-for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Candinons, if any, which gave) rise to immed ate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Arier this certificate has been si d be detached far use as the bu s State Dept. af Health priar ta bu 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) director, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram. וסגנים saw the deceased alive an 5 and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above. (1) (m) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE/SIGNED ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (State) 23a BURIAL, CREMATION (County) 6/28/69 CEDAR LAWN MEMORIAL HAGERSTOWN. WASH. 25b. AMOUSTRAR S SIGNATUR VR A15 [4] 30M REV, 1/68



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ano Ag		BIRTHPLACE (State or foreign	76. CITIZEN OF WHA		8. MARRIED			UNTY OF DEATH			
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ple of or	130 odm	USUAL RESIDENCE (Where deceasession) STATE	ed lived, if institution	n. Residence before	13c CITY OR TO		INSIDE CITY LAKITS?	13e STREET AN	ID NUMBER		
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guires that the death certificate be execphysician. Signed by the attending physician and coburial-transit permit. Then please remainductions or removal, and in any burial, cremation, or removal, and in any	160	WAS DECEASED EVER IN ILS ARE	AED FORCES? 1	6b SOCIAL SECURITY N	10 17 INF	ORMANT				CADE	0011
hys al,		es, no, or unknown) (If yes give v	ran or dates of service)	NONE	MRS	EST.	HER R.	WHITTI		MD.	
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re death ce ottending p permit. The		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	BY-	Coronar		ngion					
der der mirmin, o.n., o.		4100 IMMEDIA	ATE CAUSE (o)		y occi	usion				Su	dden
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nsi me		rise to 'mmed ate couse (a)	(b)	Hyperte	<u>nsive</u>	arter	loscler	cotic h	leart	Ye	ars
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gquires that the physician signed by the burial-transit burial, creman			(c)	0.70 001711 0.17 110							
		PART 2 OTHER SIGNIFICANT COL	IDERON2 CONTRIBUTE	AG TO DEATH BUT NO	IT RELATED TO T	HE TERMINAL D	ISEASE OR CONDIT	ION GIVEN IN PA	RT I(a)		
V: The low re or attending the has been use as the solth prior to	NO.	19a. DATE OF OPERATION 19b	CONDUCTION COD CONTROL								
The law attendin has been se as the th prior t	CERTIFICATION	TYO. DATE OF OPERATION 140	CONDITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTOPSY		CAUSES OF DEA		ONSIDERED IN CE	ETIFYING
£ 5 4 8 £ 1	ERTIF	2) 466166117 1146 1111767070				YES 🗌	ио 🗆				
AN: AN: ol o cat for for Heo		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEAT		NJURY Manth Day Year	21c HOW	INJURY OCCUR	RED (Enter natur	e of injury in Pa	rt 1 or Port 2,	Item 1B.)	
sicility of the state of the st	MEDICAL	(If either, notify medical exomit	ner) P.M.	19							
OR ATTENDING PHYSICIAN: The low repertained by the hospital or attending HRECTOR: After this certificate has been e 3 should be detached for use as the ed with the State Dept. of Health prior to law.	≥	21d. INJURY OCCURRED 2.e.	PLACE OF INJURY (A	T HOME, FARM, STREET, FACT FEICE BUILDING, ETC.	lory) 21f. LOCA	TION Street o	r R.F.D. No	City or Town	n	County	Stoře
the det		While Not while at work									
by State		22a. I certify that (I) (地	x hospital) atten	ged the decease	d from	//	, 19_64,	ta_6/5/	, 19.	_69, that	(I) (xc) last
OR ATTENDIN be retained by DIRECTOR: After je 3 shauld be ed with the Sta		saw the deceased a causes stated above	tive an 4	(28/)	6.9, and t	hat in (my)	(oxokopinten	death accurre	d an the da	te and haur a	nd from the
14 to 15 to		22b SIGNATURE	(1) (Mary and C	Id wall view life of	ady affer dec	2117.					
REC 3 3 3 1 W I W		220 MONATORE /	£5	11/1/10.0	DEGREE	ATTENDING	MED DIRECTO	R STAFF		DATE SIGNED	0
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law rate of the pose 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to	22.										
P P P P P P P P P P P P P P P P P P P	230	BUR AL CREMATION, 236 REMOVAL (Specify)		23c NAME OF C				LOCATION (C IY		(County)	(State)
5- 5	24	DUR LAT. 6	77/69	ROSE	HILL			HAGERS			MD •
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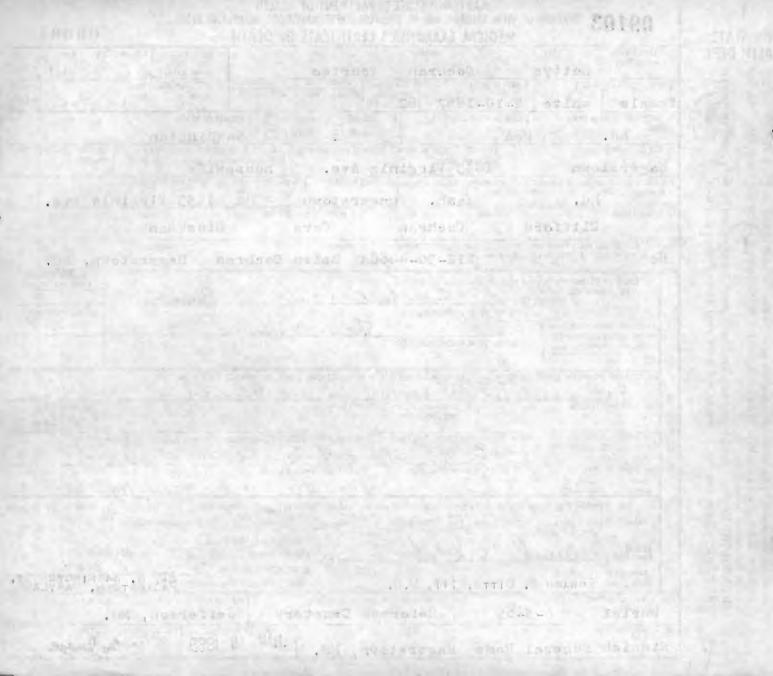


	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		19101 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9092
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWNET Mouth Do	V Year - 26 HOHP
	((Type or Print) ERNEST EDWIN WOLFENSBERGER OF ESTI- DEATH MATED	19 7965
Po d d	3 5	EX 4 RACE S DATE OF BIRTH 6. AGE In years IF LINDER 1 YEAR IF LINDER 24 HOS 24 DATE PROHOUNCED DEAD	2d HOUR
delay is Page PM3. Page		WHITE 1/26/1907 62 YRS	Year 1969 P 35 M
- E 9		BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIEDA NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED WASHINGTON	
to to		The state of the s	KIND OF BUSINESS OR
after death 8 Ginnelage along with the Stat With the Stat			ARAGE
s after 18 Gin 2 with 1	13¢	JSLAL RESIDENCE (Where deceased lived, f institut an Residence before 13c CITY OR TOWN 13d NAME CITY LANDS 13e. STREET AND NUMBER	
urs of 18 ice of d2 w		PATHER S NAME First Middle Lost Is MOTHER S MAIDEN NAME First Middle	
hin 24 haurs ned in them 13 niner's Office pages 1 and 2*	14. 7	FATHER'S NAME First Middle tost IS MOTHER'S MAIDEN NAME First Middle GHARLES WOLFENSBERGER CRISTIANNA SHOWAI	Lost LTER
hin 24 not in niner's pages haurs	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS!#3 H	AGERSTOWN
be executed within 'pending in pencil ief Medical Examine insit permit. File pagi		Yes.no YESOwn) W:W:#2:ofsorce)215-10-2271 MR. HARRY W. WOLFENSBERGER	MD.
ed v al Es		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH
be executed 'pending in inef Medical E insit permit. F event within		IMMEDIATE CAUSE (a) Coronary Occlusion, Old and Recent	Recent
e es pen ef M est p		Canditions, if anyl which gave	
should be one word "perion the Chief burial-transit I in any even		I conditions, if any, which gave has to immediate cause (a) stating the underlying couse to the boundary of the stating the underlying couse to the boundary of the boundary o	
should e word a the Ch ourial-tre		(c) Cardiac Hypertrophy	
are and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certification of the control of t	NO IN	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
This cate, be for leading at rem	CERTIFICAT ON	WAS PERFORMED?	YES NO
# _ P O	MEDICAL CE	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH PM. 19 21c. HOW INJURY OCCURRED (Enter nature of in Jry in Port 1 or Part 2, item PM. 19	18)
E SEE SE	WED	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	ounty State
L EXAM ecute th Page 4 ar yaur R:Page		AT WORK L AT WORK L	
DEPUTY STCAL EXAM cessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page calth, priar to burial, crem		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection 🔲, Inquiry 🛄,	and in my opinian
please explanation of table		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
y, plee and dil		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	NED
PUTY Sary, Juera V be V be		EXAMINER'S DEPUTY MEDICAL EXAMINER DO 6-20-	,
		NAME (Type) Dr. E. W. Ditto, Jr. 215 W. WESKY West of to complagers town.	
0 = + ~ 0 ±	230	REMOVAL (Specify)	unty) (State)
not.	24	BURTAL 6/21/69 CEDAR IAWN MEM. PARK HAGERSTOWN WAST	ANJRE .
VR A15ME 5,	4	1. J. Rosment Hegers four Tolo MEN 2 4 1969 Jelianles	Judge.
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1	MARYLAND STATE DEPARTMENT OF HEALTH 09103 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	09094
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month	Day Year 2b. HOUR 3 1967 2 90
Dny deloy is 2, and 3 to PM3. Page	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 14 HRS 2c. DATE PRONOUNCED DEAD lost birthdoy) MONTHS DAYS HOURS MIN MONTHS DAYS HOURS	2d. HÖUR
2, and PM3.	Temale white 2-10-1887 82 yrs. 6 3 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	Year 1969 745M
haves after death Cony tem 18. Give Pages 1, 2, a Office along with farm PM and 2 with the State Depart		Mil
within 24 haurs after death penditing them 18. Give Pages xaminer's Office along with far lie pages I and 2 with the State 72 haurs after death.	Hagerstown give steet oddtess) Virginia Ave. during most of working life, even if retired.) 1855 Virginia Ave. housewife 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER	NDUSTRY
haurs after them 18, Giv Office along	admission) STATE Nd. 13b (OUNTY Wash. Hagerstown YES NO R 1853 Virgin	ia Ave.
4 7 -	Clifford Cochran Cora Stockman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	1031
within 24 Examiner's Examiner's File pages 72 hours	Hes no, or unknown) (If yes give wor or dotes of service) 212-30-4466A Helen Cochran Hagers to	
ecuted ing" in edical E ermit. F	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PAGE FUEL Skyll C Basics	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
tould be executed within 2, word "pending" in peartified the Chief Medical Examiners rial-transit permit. File pages any event within 72 haurs	Canditions, if any, which gave	In wed
- C - 2 - E	rise to immediate cause (a). stating the underlying cause lost. (c) (c)	
ded ded and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
his certific ate, writin be forward be used a	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
fica fica A be	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OHD THE OF INJURY Month, Day, Year HOUR AND CAUSE OF DEATH 21d. INJURY OCCURRED LETER NATURE OF INJURY (At home form street) 21d. INJURY OCCURRED LETER NATURE OF INJURY (At home form street) 21d. INJURY OCCURRED LETER NATURE OF INJURY (At home form street) 21d. INJURY OCCURRED LETER NATURE OF INJURY (At home form street) 21d. INJURY OCCURRED LETER NATURE OF INJURY (At home form street) 21d. INJURY OCCURRED LETER NATURE OF INJURY (At home form street) 21d. INJURY OCCURRED LETER NATURE OF INJURY (At home form street) 21d. INJURY OCCURRED LETER NATURE OF INJURY (At home form street)	m 18.)
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Xecul Xecul for)	22a. I certify that I took charge of the remains described above, held an Autapsy Inspection . Inquiry	
o DEPUTY DICA necessary, please e the funeral director 5 may be retained FUNERAL DIRECT Health prior to bu	death resulted fram: Natural causes, Accident Suicide, Homicide, Undetermined manner [
sary, ple meral d be ref be ref be ref	ACTUAL SIGNATURE CLEVEL W X X X M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE S EXAMINER'S DEPUTY MEDICAL EXAMINER 325	-3-69
necessary the funer 5 moy be 0 FUNERA Health p	NAME (Type) EDWARD W. DITTO, III, M.D. ADDRESS(Street, city, town, or county) HAGERS TOY 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	ASHINGTON ST. WN, MARYLAND (County) (Stote)
-	BENGYA (Society) 6-5-69 Reformed Cemetery Jefferson, Md 24 FUNERAL DIRECTOR ADDRESS 250_REC D BY REGISTRAR 250_REGISTRAR'S SI	
VR A15ME (\$)	Minnich Funeral Home Hagerstown, Md. Date 9 1969 Please	o Judge



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